

# MEDICAL AND SURGICAL REPORTER

No. 1722.

PHILADELPHIA, MARCH 1, 1890. Vol. LXII.—No. 9.

## CONTENTS:

### CLINICAL LECTURES.

- MONTGOMERY, E. E., M. D., Philadelphia, Pa.—  
Laceration of the Perineum and Cervix.—Resto-  
ration and Retention of the Uterus in its Normal  
Position..... 249  
TYSON, JAMES M. D., Philadelphia, Pa.—Impacted  
Renal Calculus.—Lead Poisoning..... 258

### COMMUNICATIONS.

- BELL, READ L., M. D., Springfield, Ohio.—Report  
of a Case of Fracture of the Clavicle and Scap-  
ula..... 256  
BRILL, N. E., M. D., New York.—Penology..... 258  
BROWNRIGG, JOHN, M. D., Columbus, Miss.—Gun-  
Shot Fractures of the Femur..... 260  
CHAMBERS, T. R., M. D., Newark, N. J.—The Re-  
lationship of Plumbing to Disease..... 262

### PERISCOPE.

- United Fracture of the Base of the Skull.—Tuber-  
culosis in Men and Animals.—Olive Oil in Gall-  
stone.—Insanity Proceeding from the Colon.—  
Thomson's Disease.—Application for Ton-  
sillitis..... 264-266

### EDITORIALS.

- GRIPPE OR EPIDEMIC INFLUENZA..... 267  
IMPROVEMENT IN MEDICAL EDUCATION..... 269  
TREATMENT OF RETROFLEXION OF THE UTERUS..... 270

### BOOK REVIEWS.

- DEMARQUAY; Essay on Medical Pneumatology:  
A Physiological, Clinical and Therapeutic In-  
vestigation of the Gases.—Transactions of the  
Gynecological Society, of Boston..... 271

### LITERARY NOTES..... 271

### NOTES AND COMMENTS.

- Chloralamide as a Hypnotic.—Paralysis of Serra-  
tus Magnus.—Bacterial Studies on the Influenza  
and its Complicating Pneumonia.—Aneurism of  
a Branch of the Basilar Artery.—The Progress  
of Cremation in England.—The Epidemic of  
Grippe or Influenza.—Simple Steam Bath.—A  
Curious Mental Trait.—Thymol Dentifrice... 272-276

### NEWS..... 276

## CLINICAL LECTURES.

### LACERATION OF THE PERINEUM AND CERVIX.—RESTORATION AND RETENTION OF THE UTERUS IN ITS NORMAL POSITION.<sup>1</sup>

BY E. E. MONTGOMERY, M. D.

#### Laceration of the Perineum and Cervix.

*Gentlemen:* I know very little about the patient whom I bring before you to-day. The reason of this is that she is a Swede and there is no one in the hospital just now who is conversant with her language. It is to be regretted that we cannot obtain her past history to begin the study of her case; but this to-day is not so necessary or so im-

portant as it was in the days of our forefathers nor even ten years ago. The subjective symptoms are those of which the patient complains. They are often merely the manifestations of the complaint as seen by the erring eye of the sufferer's diseased mind, and are apt to lead you to wrong conclusions. The physical or objective signs of disease are those elicited by the educated senses of the physician and each day are becoming more and more important in our diagnosis in proportion as we insist upon their thorough study. Supposing the history of this patient such as to justify us in suspecting uterine disease, I propose to investigate with you the objective symptoms and determine by them her condition.

I first place the patient on the table in a supine position with her limbs drawn up. Let every precaution be taken to expose no more of the patient's person than is necessary. In this way you meet the demands of delicacy and her confidence and respect are gained. This position is becoming more

<sup>1</sup> Delivered at the Philadelphia Hospital.

and more popular among gynecologists. The patient being now in position, I begin my examination of the external genitalia by inspection. You should examine all the parts presented, being careful to concentrate the mind on each one of the different conditions and then try to reach the conclusions to which they lead. In the first place you will notice that the vulvar orifice is separated, indicating a previous laceration of the perineum. On inspection I also find that there is a leucorrhœa and shall decide later whether this is from the vagina or endometrium. Separating the limbs more widely, I find that the tear is not a bad one. As far as I can see into the vagina, it does not seem to be inflamed, so that I am the more inclined to think that the leucorrhœa comes from the womb rather than from a mere vaginitis.

Having then ascertained these two facts by inspection, I am ready now in like manner to find out what can be determined by the next method of physical examination, viz., the touch. Passing my finger into the vagina, I carefully examine everything I meet from the orifice up to the upper end of the canal. The anterior wall of the vagina is prolapsed and presents a condition known in gynecology as cystocele. Passing my finger up the anterior part of the vagina, I find that the anterior part of the lip of the cervix is turned up or everted, while the posterior part of the cervical extremity is not drawn after it, as it should be, if the cervix were normal, but is drawn backward and upward, thus filling up the posterior commissure of the vagina. From these facts I know that there is a tear on each side of the neck of the womb, or what is described in books as a bilateral laceration of the cervix; and, moreover, it does not feel healthy, but there is an abraded condition. The axis of the cervical canal is about normal, which would not be true if there was ante- or retroversion of the uterus. Introducing my finger into the posterior commissure, I find that there is a tumor in Douglas's pouch, and that this tumor forms an obtuse angle with the axis of the cervical canal. I am most strongly inclined to consider this apparent tumor as nothing but the body of the retro-flexed uterus. However, let me not be too hasty to decide. For there might be a fibroid tumor on the posterior wall of the uterus, projecting in the direction of this enlargement, which I consider as the body of the uterus; or both these

diagnoses may be true; that is, a fibroid tumor on the posterior wall of the uterus may have caused the body of that organ to fall backwards while the direction of the entrance of the cervical canal remains in its normal position, thus causing a retroflexion. Therefore, by means of touch I have confirmed my visual diagnoses of rupture of the perineum and endometritis. I have discovered a cystocele, a bilateral laceration of the cervix with eversion and abrasion of the lips, an enlargement or simply a retroflexion of the uterus and, what I have not mentioned before, a congestive hypertrophy of the whole womb.

I now resort to the method of examination by means of conjoined manipulation; that is, I introduce two fingers into the vagina and with the other hand press on the surface of the abdomen. By these means I have the parts more thoroughly under my control. I confirm my previous diagnosis and find that the tumor in Douglas's pouch answers far more perfectly to the body of a retroflexed uterus than it would to a fibroid tumor on its posterior wall. Besides I am now certain that the body of the womb is absent from its normal position and that, if this tumor be not the body of the uterus, the latter is wholly absent from the pelvis, an idea that is preposterous, as there has been no operation since this woman bore a child.

Now sometimes there are difficulties in the way of arriving at a conclusion, such, for instance, as firm resisting abdomen walls or corpulency. When this is the case and the enumerated methods of examination are unsatisfactory, we may, after excluding the possibility of pregnancy, resort to the use of the uterine sound. It is usually inserted through a speculum, but it is better to use the fingers as a guide, as permitting greater freedom of movement. If after its insertion into the cervical canal the sound turns backwards and downwards—as it does in this instance—instead of passing upward and slightly forwards, it is certain that a retroflexion is present, though it does not exclude the possibility of a growth of foreign growth on or in the body of the uterus. But, if, upon its introduction into the cavity of the womb, the sound passes in for an abnormally short or abnormally long distance, and there is a deviation from the normal axis of the canal, there is a foreign body outside the uterus, causing this distortion or what is far more common, there is a foreign

growth  
itself, and  
are by f

The  
so much  
as to in  
uterine  
ter of t  
is so gre  
purulent  
readily  
tion, if  
and prov

What  
ited by  
lows: T  
neum, a  
cystocele  
of the c  
its lips.  
flexion  
at least,  
posterior  
is also c  
uterus.

the one  
than any  
in this in  
obstetric  
tion tha  
ered here  
tions of  
all on the  
recovered  
tensive  
have sho  
separated  
fessor G  
the cervi

All the  
may be,  
tions; an  
slight an  
than to c  
by thus  
encourag  
going to  
show you  
to the lac  
tears do  
by being  
a larger f  
uterus an  
so that  
This dete  
causes th  
and these  
upon the

growth in the cavity or walls or the womb itself, and of such growths fibroid tumors are by far the most common.

The introduction of the speculum is not so much to find out the position of the uterus as to inspect the condition of the vaginal mucous membrane, and the character of the discharge. Here the laceration is so great and, being bathed in the mucopurulent discharge from the womb, might readily be taken for a malignant degeneration, if I did not draw the edges together and prove it to be a laceration.

What, then, are the facts that I have elicited by my examination? They are as follows: There is a slight rupture of the perineum, a relaxation of the vagina, and a cystocele. There is a bilateral laceration of the cervix with eversion and erosion of its lips. There is a leucorrhœa and retroflexion together with the disappearance, or at least, great lessening of the anterior and posterior commissure of the vagina. There is also congestion and hypertrophy of the uterus. The bilateral laceration is, next to the one on the left side alone, more frequent than any other. During my earlier service in this institution, when I had charge of the obstetrical cases, I found by actual examination that of the patients who were delivered here, nearly all sustained slight lacerations of the cervix; that the tears were nearly all on the left side, and that many of them recovered without an operation. The extensive lacerations, such as the patient I have shown, where the torn edges are widely separated, have been aptly termed by Professor Goodell "celery-top" laceration of the cervix.

All these conditions as enumerated above, may be, and generally are, due to the lacerations; and as the tear of the perineum is slight and at most has no other direct result than to cause a relaxation of the vagina and, by thus taking away its main support, to encourage a prolapse of the uterus, I am going to disregard it nearly entirely and show you how the other conditions are due to the laceration of the cervix. These bad tears do not heal without an operation; but, by being a source of irritation, they invite a larger flow of blood than normal to the uterus and thus prevent its proper involution, so that it remains larger than it should. This determination of blood to the uterus causes the whole organ to become congested and these facts cause an increased pressure upon the uterine ligaments, giving rise to

dragging and bearing down pains in the sacro-lumbar region. As the womb becomes heavier and descends, there is an ever increasing traction exerted by the erect vagina upon the lips of the cervix, causing an eversion and a tendency, especially where the tear is on both sides, to lessen or to eradicate the anterior and posterior commissures. This exposed raw surface does not heal as it should; both because the two edges are drawn apart and it is constantly bathed in irritating discharges from the uterus, so that there is the gradual formation of a hard cicatricial tissue about the os which feels to the unpracticed finger very much like a malignant growth, and this error in diagnosis is more liable to be made where there are granulations, which bleed easily and the profuse discharge from which decomposing produces a fetid odor.

Now, as the wound becomes more and more congested and, therefore, heavier in such cases, it is apt from its own weight to turn over backwards into Douglas's pouch, and then there is formed an angle between the cervix and body of the womb and this angle lessens the calibre of the cervical canal, causing dysmenorrhœa; it lessens also the diameter of the blood-vessels, causing a venous congestion. Thus the weight of the womb is increased. The vagina, which is one of the supports of the uterus, becomes slightly congested and shortened until its anterior or posterior wall, or both, protrude into the cavity of the canal and form what is known as a cystocele or rectocele. These are far more apt to occur when there is a rupture of the perineum.

An operation for the laceration of the cervix may not be attended with complete cure, but is nearly always followed by good results when the proper precautions are taken in the diagnosis. Therefore, it is the duty of the physician to decide when to operate and when to decline. It would be better not to operate in the following cases:

First. When the uterus is fixed by adhesive bands and there is already an inflammation of the ovaries and tubes. Operation here would be to add fuel to the flames.

Second. In women suffering from various obscure nervous symptoms accompanied by bearing down and leucorrhœa. The physician discovers a slight tear or fissure, and advises an operation as a panacea; but alas! the improvement is transient or unperceived. The patient loses hope of recovery, and be-



comes resigned to a life of invalidism, from which it is difficult to rescue her.

When there are no nervous symptoms; when the laceration is slight; when there is no eversion of the two lips of the os; and when there is no hard cartilaginous tissue formed in the angles of the tear, there is no necessity for an operation; all that is needed is, rest, tonics and moral suasion.

Of course the uterus is supposed to be in its normal position and not congested, or very little congested; for, if it be not in its normal position, the woman, while she may feel better for a time, will soon begin to suffer again even after the operation has been performed, as the bend or other abnormal position of the womb, by causing a practical stenosis, will keep up the congestion and retain the discharges in the body of the womb instead of allowing their escape. The class of cases in which most good is done by an operation are those in which the laceration is extensive, and is accompanied with an eversion and an endometritis which is keeping the os and parts below constantly bathed with its irritating discharges. This last condition is to receive particular attention before the operation is performed, and in nearly all cases the physical and nervous condition is also to receive attention. For some time before the operation she is to remain in bed and receive twice daily irrigations into the vagina of hot water. She is also to wear tampons of cotton wool, saturated with a solution of one drachm of carbolic acid, and one ounce of alum, in eight ounces of glycerine. These tampons are to be introduced into the anterior and posterior cul-de-sacs of the vagina and renewed every other day, unless they become soiled in the interim, when they are to be renewed daily. By this means the angle between the body and neck of the womb is rendered less acute and the returning circulation less interfered with and the congestion of all the parts materially lessened. A mixture of two parts of the saturated tincture of iodine with one part of carbolic acid may be painted over the cervix twice a week. At the same time a few drops of this same solution may be slowly injected into the cavity of the uterus by means of a long, slender pipette.

This injected fluid should be encouraged to flow out soon through the previously dilated, or already thoroughly patulous os; for, if uterine tenesmus be set up by its irritation, the contraction of the womb and os together may drive the fluid through the

Fallopian tubes into the cavity of the peritoneum.

This method of intra-uterine injection is much to be preferred to that by means of the applicator; for the fluid on this instrument was often entirely, or nearly entirely, squeezed out while it was being passed through the cervix; and, of course, this was the more apt to occur where the cervical stenosis was greatest and very often the endometrium that needed the most thorough application received the least treatment. In cases in which there is much viscid mucus discharged and there are vegetations on the endometrium, the cavity of the womb is to be thoroughly curetted before the operations for the restoration of the cervix and perineum are done. By this means the uterine cavity is cleansed of all unhealthy matter and its discharges are greatly lessened.

I shall perform both these operations at the same sitting, because it takes no longer to recover from both than it takes to recover from one. Besides, the woman's health would not be entirely restored by one operation, and her confidence in us is not so much increased. As a result of these two facts there will be some continuation of the suffering neurasthenia and when the time for the second operation comes she will be so disgusted and neurotic that she may not be willing for the second operation to be done at all.

If after the operations the uterus be still displaced, we shall consider the means of replacing it, and when this is accomplished we shall select the means of retaining it in its proper position, so that the remainder of this lecture will be devoted to the various methods of the restoration and retention of the uterus in its normal position.

### Restoration and Retention of the Uterus to its Normal Position.

These two headings are not the same, though they may seem to be hopelessly confounded in the minds of students when they tell you that a pessary is an instrument to get the womb in its right place, when its real object is to retain the uterus after it has been already restored to its normal position. Before enumerating the methods of replacement, let me say that not all uteri that are displaced need be forcibly teased back into their places. There is a wide deviation in position that uteri may have and still not

require  
When  
answer  
position  
normal  
that it  
nor ph  
let al  
years w  
not su  
wrong.  
The  
tion of  
patient  
her lim  
fingers  
one an  
cervix,  
the abd  
terior f  
dus wh  
backwa  
lever.  
into the  
sufficien  
by the  
the pub  
fail to c  
with a v  
sirable,  
action c  
both be  
not app  
the use  
ment is  
the uter  
handle o  
then thr  
and side  
the hand  
smaller  
tion, viz  
and latt  
which th  
is some  
joined s  
at the l  
used her  
deed, th  
method;  
using thi  
in the ge  
lum is in  
nal canal  
uterus is  
not corre  
placed by  
a tenacu



require any replacement. The question: When is a uterus to be replaced?—is to be answered not only by the amount that its position differs from that given in books as normal, but also by the subjective symptoms that it causes. If it gives rise to no pain nor physical inconvenience, it would best be let alone. Many women have lived for years with their wombs displaced and have not suspected that there was anything wrong.

The three principal methods of restoration of the uterus are as follows: 1. The patient is placed in a supine position with her limbs drawn up on her abdomen. Two fingers are now introduced into the vagina, one anterior and the other posterior to the cervix, while the other hand is placed upon the abdomen; the middle finger in the posterior fornix of the vagina pushes up the fundus while the index finger presses the cervix backward, thus acting upon the uterus as a lever. The middle finger may be introduced into the rectum. When the fundus is tilted sufficiently forward to permit it is grasped by the external hand and drawn down upon the pubes. If the two fingers in the vagina fail to catch the cervix, it may be grasped with a volsella forceps, or, what is less desirable, with a tenaculum, and the lever-like action exerted as above, the principle in both being identical. When this plan is not applicable nor desirable, we resort to the use of the uterine sound. This instrument is introduced directly to the fundus of the uterus and then, using this as a lever, its handle outside is passed slightly upward and then through an extended arc downwards and sideways, and by these movements of the hand the uterus is made to pass through smaller arcs in precisely the opposite direction, viz., first downwards, then upwards, and latterly opposite to the direction in which the handle was moved. This method is somewhat modified by the use of the jointed sounds in which a ratchet is worked at the lower end. The same principle is used here as in the former method and, indeed, the same principle is in the third method; for principles do not change. In using this third method the patient is placed in the genu-pectoral position. A Sims speculum is inserted and the entrance of the vaginal canal opened. As the air rushes in the uterus is carried upward but its position is not corrected. It is, however, readily replaced by pulling down upon the cervix with a tenaculum, when the weight of the atmos-

phere will carry the fundus upward. When any of these methods is used the patient would far better remain in bed for awhile; because the uterus is generally congested. For this trouble tampons of cotton wool, saturated with the glycerine solution mentioned above, are to be placed in the anterior culs-de-sac of the vagina until all, or certainly a great deal, of this congestion is gone.

It sometimes happens when there has been a retroflexion and prolapse for so long a time that the culs-de-sac of the vagina may have become so shortened that the posterior one presents an unsuitable nidus for the pessary to rest in. Therefore, by the use of the tampons, while the general congestion is lessened, the length of the vagina and depth of the culs-de-sac are also increased. When these three objects have been gained after the replacement, the pessary may be introduced with advantage, and for this purpose the variety known as the Hodge retroversion pessary, or some modification of it, is the one generally used.

It should be remembered that the posterior tear does not support the fundus, but that the pulley-like action of the posterior vaginal wall draws the cervix back, and consequently the other end of the lever, the fundus, falls forward.

### IMPACTED RENAL CALCULUS.— LEAD POISONING.<sup>1</sup>

BY JAMES TYSON, M. D.,

PROFESSOR OF CLINICAL MEDICINE, UNIVERSITY  
OF PENNSYLVANIA.

#### Renal Calculus.

*Gentlemen:* I bring before you first to-day a case of some obscurity and extreme practical importance. She is a woman, 35 years old, who has been in the wards for some time. As a girl and a young adult she always enjoyed good health. She has rarely missed a day's work, and has always been temperate. She had inflammation of the lungs nine years ago. She came to the hospital five years ago with the symptoms arising from the change of life. Her present trouble began soon after with pain severe enough, she says, "to double her up," located in the right lumbar region, from

<sup>1</sup> Delivered at the Philadelphia Hospital.

which place it did not radiate in any other direction. There was no subsequent difficult micturition, nor anything to indicate the cause. The pain continued as a dull ache, keeping her awake at night. Nine months ago she had a second attack, and four months later a third. She is losing strength and flesh. Her bowels are inclined to be loose. She is now feeling better than she did some time ago. Her temperature for the last few days has often been above normal, and in the evening invariably so;  $99^{\circ}$  is the lowest and often it is  $100^{\circ}$  or  $100.4^{\circ}$ , showing that there is an irritation going on in some place. One can often make a diagnosis simply by looking at the temperature chart, and there is no better way of determining whether the patient is really ill than by an examination of the thermometric record. The chart shows that there is something radically wrong with this woman.

Her history suggests an examination in the region of the pain complained of. As she is lying flat upon her back, we examine the region of the right flank with the view of discovering any visible alteration. I cannot say there is at this moment. The two sides seem to be very nearly symmetrical. I will palpate it to feel if there is any difference imparted to my sense of touch, and I feel here very distinctly a resistance in this right flank which is not felt in the left. As I run my finger backward I find this greater resistance throughout this region. As I endeavor to elicit tenderness here, I find some, but less than there has been. Now, what corresponds to this region? It is the region of the kidney. The kidneys on the two sides do not lie precisely in the same situation. The right is a little lower than the left, but both extend below the edge of the 12th ribs, the right for  $\frac{2}{3}$  and the left  $\frac{1}{2}$  of its extent. We know, then, that the kidney is the seat of the trouble. The other causes of pain here, such as a post-peritoneal tumor, carcinoma and sarcoma of the kidney are not common. We will now proceed to an examination of the urine to see what information it will give us. Macroscopically, it is a turbid urine, and standing for some time, there is a white, creamy sediment. This is not natural. The urine is acid in reaction, but not highly so. We will next test for albumin, using the ordinary heat and acid method. On heating this there is a turbidity produced greater than previously existed. This is permanent, on

adding an acid, and is, therefore, albumin. Thus there are tenderness and hardness, previous pain in the right flank with albuminuria and a sediment in the urine. This sediment has been examined and found to be pus, without any tube casts.

The most and frequent cause of such symptoms is an impacted calculus. Carcinoma of the kidney produces tenderness and hardness, but is not so apt to produce an elevation of temperature and pus in the urine. There may be an extensive cancerous involvement of the kidney without any alteration of the urine for the reason that rarely do the elements of cancer descend with the urine. Then in cancer there is a cachexia which is not here present. Cancer generally occurs early in life and sarcoma of the kidney is apt to be congenital. Then the course of such cases is from bad to worse, while this woman is at times better, and this fact is compatible with the presence of stone in the kidney. Tuberculosis of the kidney, another cause of a trouble such as this, is rare, and is attended with the presence of a cachexia and a considerable quantity of pus in the urine. There is one other possible condition, and that is the so-called "surgical kidney," a suppuration of the kidney from the extension of an inflammation of the bladder up the ureters to the pelvis of the kidney, or as the result of obstruction from other cause than stone in the kidney. Stone in the bladder, or a simple inflammation of the bladder, will cause this condition, but generally the symptoms primarily affect the bladder. Upon questioning the woman I learn that she does not urinate too often now, nor did she ever. If she had had primarily a bladder trouble, this would not be the history. The character of the pus is also of value. If it is from the bladder, it is apt to be associated with alkaline urine, and the pus becomes glairy and will not rise in a pipette, and it contains numerous glistening crystals of the triple phosphate of ammonium and magnesium. If it be from the kidney, this is not so, but it is more intimately admixed with the urine and will readily rise in a pipette. Everything combines then to prove that the pus comes here from the kidney, and most probably the cause is a stone in the kidney, although we do not know that this is absolutely the case.

Now as regards the treatment. There is no department of medicine scarcely in which the possibilities of successful treatment have

advance  
kidney.  
kind sho  
tory of  
illustrati  
be done  
fect of r  
every ni  
worse, a  
ter. Wi  
that she  
more or  
tem. Al  
nal mean  
sorted to  
mically  
phia, or  
of flaxsee  
the pain,  
kidney.  
mulation  
and so i  
diluted b  
acter, as  
of distille  
tilled, bec  
position o  
lies, we  
while atte  
positive th  
it seldom  
size—the  
urine alk  
have no c  
acid. Th  
acids can  
a large  
two subst  
acid some  
boracic ac  
line stone,  
ten grains  
ning with  
one drachm  
actly how  
urine is no  
be combin  
None of  
only thing  
tient com  
tion of op  
would have  
fiable to op  
ney in this  
is al  
cating of  
continued f  
ing, with a

advanced more than in the surgery of the kidney. However, not every case of this kind should be operated upon. In the history of this woman we have a most striking illustration of the next best thing which can be done after operation, and that is the effect of rest upon her condition. Note that every night after a hard day's work she was worse, and that when she rested she felt better. With all this, however, you will notice that she is in a feverish state, and this is more or less a wear and tear upon her system. Along with the rest treatment, medicinal means to relieve her pain must be resorted to. Thus we may give hypodermically one-quarter of a grain of morphia, or even a larger dose. Poultices of flaxseed or corn-meal are useful to allay the pain, applied over the region of the kidney. Much pain is caused by the accumulation of purulent matter in the kidney, and so it is well to keep the urine freely diluted by giving water of the purest character, as a quart, three pints, or two quarts of distilled water in twenty-four hours,—distilled, because we know nothing of the composition of the stone, and if we give alkalies, we may be increasing the concretion while attempting to diminish it. If we are positive that the stone is of uric acid—which it seldom is after it reaches a considerable size—the right thing to do is to render the urine alkaline. If the stone is alkaline, we have no certain way of making the urine acid. The administration of the mineral acids can only be successful by giving such a large amount as to be harmful. One or two substances, however, do render the urine acid somewhat, and these are benzoic and boracic acids. Knowing you have an alkaline stone, then give benzoic acid, five to ten grains three or four times daily, beginning with a small dose and increasing to one drachm in a day before stopping. Exactly how it produces the change in the urine is not known. These remedies should be combined with distilled water.

None of these measures are curative. The only thing they can do is to make the patient comfortable. Then comes the question of operation. Fifteen years ago it would have been considered entirely unjustifiable to operate upon a patient with a kidney in this condition. To-day the operation is almost as simple and as safe as the cutting of a felon. If the patient has a continued fever,  $102^{\circ}$  or  $102\frac{1}{2}^{\circ}$  every evening, with a morning temperature of  $101^{\circ}$ ,

with gradual emaciation, the operation certainly should be performed. Here is a case where the operation might be considered. She is improving without the operation at present, but she will never get well. She will go on with an evening increment of temperature indefinitely. Meanwhile, we will continue to treat her as we have been doing.

### Lead Poisoning.

I have here a very interesting case, a companion to the case I showed you at the University Hospital a few days ago. It is a case of lead poisoning. The case I showed you was more acute and lead colic was a prominent symptom. The man worked only fourteen weeks in the lead works and already had acquired the blue line on the gums as well. This case is similar, but is not quite so acute. It is fortunate for a man to be poisoned easily and quickly, for then the condition is discovered and can be easily removed. If the disease is long in making its appearance it is more difficult to cure. This man worked in the lead about eight months before he was attacked. In his case it did not show itself by colic but by constipation, which is also one of the earliest symptoms. An examination very soon showed the pathognomonic sign, the blue line on the gum. This is more particularly manifested on the lower gum, and is passing away under treatment. Further study of the patient showed other symptoms, namely, a weakness of his extensor muscles. This, which goes on into paralysis, has as its ultimate result a very significant symptom, an inability to raise the hand, the so-called "wrist-drop." The drop is not present in this case, but when asked to raise his hand against some pressure he develops a weakness in his extensors. I can keep him from extending his arm at the elbow readily. Later the flexors become involved. We should go on now to examine his urine, for one of the best recognized causes of interstitial nephritis or chronically contracted kidney, is lead poisoning. There is no albumin here, nor is there likely to be in a case of such short duration.

These cases are often obscure, and the symptoms inexplicable until we learn that the patient has been working in lead. Then the poisoning may arise from soda-water fountains, from the passage of pure water through lead pipes, and occasionally from canned vegetables.



There are three sorts of treatment, the preventive, the palliative and the curative. The most important is the first and should be attended to by the employers. The lead is inhaled, and is taken in the food from contact with the hands. The employees of lead works should not be permitted to eat their food in an atmosphere of lead, and should wash their hands frequently, nor wear clothing too long without washing. Sulphuric acid drinks should be given them, and a sponge, moistened, and held in place by a rubber, should be placed over the mouth while at work. The difficulty often lies in the unwillingness of the employees to carry out these directions. The *palliative* treatment consists in the use of opiates to relieve the pain, and purgatives to relieve the constipation. The sulphate of magnesia is the best of these, as the sulphuric acid it contains unites with any lead in the alimentary canal to form the insoluble sulphate of lead, an innocuous compound, and thus further mischief is prevented. The *curative* treatment consists in efforts to eliminate the lead from the system, and for this purpose the iodide of potassium is the cardinal remedy, producing the iodide of lead which is soluble in the juices and is washed out in the secretions. In lead-poisoning the metal is present in the shape of an insoluble compound with albumin, and cannot be eliminated unless rendered soluble by some remedy. It requires the long and faithful use of the iodide of potassium to remove all of the lead. Measures to eliminate the lead by the skin, as by manipulation, hot baths, baths containing the hypochlorite of sodium, are all useful. In all of these cases there is a depravity of the blood, and therefore the patients should be well fed, with good, nourishing food. Even with these measures, obstinate cases at times resist our efforts, but in cases like the present one we may hope to get rid of the symptoms. One attack makes the patient more susceptible to another, and therefore the occupation should be changed. The paralysis may be treated by electricity, either faradization or the interrupted direct current, to control the tissues and prevent the fatty degeneration which at times takes place.

A SMALL BOX FILLED WITH LIME and placed on a shelf in the pantry, or closet, will absorb dampness and keep the air in the closet dry and sweet.

## COMMUNICATIONS.

### REPORT OF A CASE OF FRACTURE OF THE CLAVICLE AND SCAPULA.

BY READ L. BELL, M. D.,

SPRINGFIELD, OHIO,

PRESIDENT OF THE SOUTHWESTERN OHIO MEDICAL SOCIETY.

On September 11, 1889, I saw a boy of six years of age who had fallen headlong down a flight of steps and received some injury to his shoulder. The distance fallen was about six feet. As he fell he turned a half-revolution of his body, so that he struck the paved floor of the basement on the posterior aspect of the left shoulder. At no time after the immediate fright of the fall was there much complaint of pain. Three years before this accident he had disease of the hip-joint which was treated by the application of a Sayre's long splint, securing a good limb with slight shortening.

I saw the boy on the third day after his fall and found him playing in the garden, apparently feeling little inconvenience from his injury. When called he came into the house laughing but carrying his left hand rather carefully over the inguinal region, and was a little reluctant to move it. He could do so when urged, could carry it to the opposite shoulder or over his head, but could not pass it behind his back. Removing his clothing from his shoulder, it was immediately perceptible that he had received a fracture of the clavicle at its outer third. Brief examination was sufficient to determine that it was not a partial or "green-stick" fracture but a complete one, motion of the broken fragments being attended with distinct crepitus and the outer end of the inner fragment being displaced upwards and backwards. Taking hold of the arm near the shoulder and attempting to make extension along the line of the clavicle, for the purpose of ascertaining how near the broken ends could be brought into position, a second crepitant sound was developed near the shoulder-joint; allowing the arm to drop naturally at the sides it could be seen that there was a degree of flattening in the outline of the injured shoulder, though not so marked as in a dislocation. A distinct depression could also be felt between the acromion process and the head of the humerus. The

acromion  
acromial  
Rotation  
that the  
shaft, an  
fracture  
head from  
there was  
cause, a  
and a sep  
acromion

What v  
was the s

Placing  
scapula a  
the chest  
humerus  
and using  
head of  
under the  
but when  
would im  
dropping  
and by th  
So little  
the shoul  
peated se  
the head  
its positio  
moment, I  
or a slight  
sufficient  
instantly.

The cre  
not have  
clavicle,  
fingers, pr  
in the cla  
of crepita  
produced  
crepitant  
points; it  
greater vo  
the clavicle  
would be  
each other  
bony surfa

The lad  
was little  
fact the a  
amount of  
the case an  
thorough e  
of the cora  
on each side  
injured side  
humerus, i  
had any

acromium itself was not injured nor was the acromal end of the clavicle displaced. Rotation of the humerus showed conclusively that the head of the bone moved with the shaft, and there could therefore be neither fracture of the shaft nor separation of its head from the shaft at the epiphysis, but there was lengthening of the arm from some cause, a slight deformity at the shoulder, and a separation of the humerus from the acromium process.

What was the explanation of this? Where was the source of the crepitus?

Placing one hand over the body of the scapula and holding it down firmly against the chest, while grasping the head of the humerus with the fingers of the other hand and using the acromium as a fulcrum, the head of the humerus could be brought up under the acromium to its normal position; but when the hold upon it was released it would immediately become displaced again, dropping downwards and slightly forwards and by that motion give rise to the crepitus. So little pain attended the manipulation of the shoulder that this manoeuvre was repeated several times. Occasionally when the head of the humerus was brought up into its position it would remain in place for a moment, but a slight movement of the body or a slight touch of the finger would be sufficient to reproduce the displacement instantly.

The crepitus produced at this point could not have been transmitted from the broken clavicle, for it could be heard when the fingers, pressing upon the seat of the fracture in the clavicle, gave no evidence of motion of crepitation there, when the crepitus was produced in the shoulder; moreover, the crepitant note was different at the two points; it was flat at the shoulder, and of greater volume and lower pitch than that of the clavicle, and of such a character as would be produced by the motion upon each other of larger and more deeply seated bony surfaces.

The lad was comparatively thin, and there was little or no effusion about the joint; in fact the absence of effusion and the slight amount of pain were two marked features of the case and afforded the opportunity for a thorough examination. The head, or point, of the coracoid process could be felt readily on each side; and, while the process on the injured side seemed to move with the humerus, it could not be determined that it had any movement independent of the

movements of the head of the humerus in reduction and displacement.

From this brief description of the case it will be seen that the interest of the case is chiefly diagnostic. What was the precise character of the injury about this shoulder-joint? Could it have been any of the glenoid dislocations of the head of the humerus, or a fracture of the shaft of the humerus, or a separation of the head from the shaft at the epiphysis? Was it a fracture through the base of the coracoid, including a portion of the rim of the glenoid cavity; or a fracture through the anatomical or surgical neck of the scapula?

With reference to the present case all the uncomplicated dislocations of the head of the humerus may be regarded as one; whatever reasons are applicable in accepting or rejecting any one will be equally applicable to the others, and all of them will be excluded by the following considerations: With none of these dislocations should we expect to find crepitus. There would, of course, be the flattening of the shoulder and the depression under the acromium, and these would be more marked than in any other injury about the joint, and especially more marked than in the present case. The elbow of the injured side would be abducted, the hand could not be placed on the opposite shoulder, the head of the humerus could be felt in some of its positions in the axilla, and when once the dislocation had been reduced it would remain in place. These symptoms were all absent in the present case, and dislocations may therefore be excluded from the discussion. A fracture of the shaft of the humerus and a separation of its head from the shaft at the epiphysis may also be excluded on account of the absence of deformity and loss of motion such as usually occur from fracture, and the fact that the head of the bone rotated with the shaft. Fracture through the shaft of the bone, moreover, would give rise to no displacement of the head and consequently would not be accompanied with flattening of the shoulder nor with depression under the point of the acromium. A separation of the head of the bone from the shaft at the epiphysis would give rise to little or no flattening or depression, would be attended with but slight deformity; the head of the bone would not rotate, and the crepitus would be dull and cartilaginous in character.

In fracture through the base of the coracoid process the detachment of the broken

fragment would produce greater displacement and give freer mobility of the fragment than we had in the present case. It would be movable also independently of any movement of the head of the humerus, it would not be associated with any displacement of the head of the humerus, and at the age of this patient—before ossification has taken place in the process—crepitus would certainly be faint and dull.

In considering the possibility of fracture through either neck of the scapula it is necessary to bear in mind that no fracture through the anatomical neck, conclusively proven by subsequent dissections or approximately proved otherwise, has yet been placed on record; surgeons and anatomists uniting in denying even the possibility of such an accident. Fracture of the surgical neck is also a rare accident; but a few well attested cases have been recorded.

Leaving fracture of the anatomical neck of the scapula out of the question, the diagnosis lies between a fracture through the surgical neck and fracture through the base of the coracoid process, including a portion of the glenoid rim. In favor of the possibility of the fracture through the scapula is the fact that the mass which could be moved under the fingers along with the head of the humerus in reducing the displacement seemed a much larger mass than would be formed by the coracoid process alone or the coracoid and any portion of the rim. Opposed to this is the infrequency of the accident and the insufficiency of the fracturing force to produce so unusual an injury.

Fracture through the base of the coracoid, including a part of the rim, answers much more completely to the conditions observed. In such an injury there would be crepitus, deeply seated but still sharp and bony in character. There would be displacement of the head of the humerus downwards and forwards accompanied by the bony fragment, for the fracture through the clavicle would permit a certain amount of relaxation of the coraco-clavicular ligaments, and they would therefore offer no resistance to a slight descent of the coracoid process along with the humerus. Under such circumstances, if the head of the humerus were restored to its position it would become displaced again as soon as the hold upon it were released. The movements of the arm as a whole would be less restricted than in any other form of dislocation at the joint or in any variety of fracture of the humerus.

All of this corresponds perfectly with the symptoms of the injury in the case here presented. I believe, therefore, that I am justified in concluding that the injury in this case was a fracture through the base of the coracoid process including a portion of the rim of the glenoid cavity and associated with complete fracture through the clavicle at its outer third. If I have fallen into any error in the diagnosis of this injury I shall be very glad to be corrected; if I am right, it is an injury which must be of somewhat infrequent occurrence and its unusual character must be my excuse for presenting it to your consideration to-day.

### PENOLOGY.

BY N. E. BRILL, M. D.,  
NEW YORK.

The subject of penology is one which, in one of its phases, should interest every medical man who lays any claim to progress, and whose interests lie in the direction of improving the human species. Medical men as a rule are so much confined to reflection on the purely physical subjects—diseases—which affect the race that they fail to direct their attention to a social disease whose influence in perverting and degrading the human species is as great as that of physical disease. The object of every physician should be to exercise all of his art and skill in increasing the standard of his race, in the one instance, by the prevention of physical and social disease, and, in the other, by the treatment of such evils when they already exist.

It is on this account that I am induced to present the subject of the treatment of crime and criminals, one of the phases of that vast and important subject of criminal anthropology.

It is of prime importance in the consideration of this subject to bear in mind that no treatment can be efficacious which looks upon the origin of criminality as a unity. It is absolutely necessary to discriminate between criminals who are such by nature of their environment, those who are such by force of circumstances, and those who are such by reason of a defective, perverted or absent moral sense. Only a treatment which shall have reference to each of these etiological factors can be rational and effective. It is

therefore  
divisions  
any plan

It is nee  
plays an i  
future man  
the offspring  
rounded h  
certainly o  
between h  
continual  
drunkenne  
child's fut  
such a one  
to be wor  
matter of

Again,  
opportunit  
healthful  
pleading f  
ply, tortu  
and embi  
sees an o  
famished a  
tressed by  
must be pr

In the t  
his moth  
epileptic,  
nature of  
world perh  
stamped th  
fective dev  
from infan  
commission  
ing attempt  
made, pers  
not be mac  
actions are

without p  
passion of  
the victim  
the nature  
from mem  
is meted o

provides;  
does the la  
In all othe  
criminals l

How sh  
different c  
society ag  
confining t  
tion? Le  
ment shou  
means of  
enemies.  
factor. If



therefore logical to consider each of these divisions of criminality individually before any plan of treatment can be suggested.

It is needless to say that early environment plays an important part in the history of the future man. A child brought up in the slums, the offspring of a thief and a prostitute, surrounded by thieves, with no education, is certainly one not calculated to discriminate between higher phases of morality. The continual sight of crime in all its phases, of drunkenness and of vice, influences such a child's future as much as his ancestry. That such a one should become a criminal is not to be wondered at; rather would it be a matter of surprise if he did not.

Again, a man, out of work, denied the opportunity to earn his daily bread by healthful labor, with wife and children pleading for food which he is unable to supply, tortured by the cravings of hunger, and embittered by the selfishness of man, sees an opportunity to bring food to the famished and relieves the pangs of the distressed by a crime. Society is shocked; it must be protected, and the law prevails.

In the third place, an individual is born, his mother neurotic, or his father an epileptic, or one or both insane. The very nature of his birth brings him into the world perhaps with a brain upon which is stamped the impress of a perverted or defective development. Such a child, almost from infancy, shows a tendency towards the commission of crime, which, notwithstanding attempts at educational correction may be made, persists in a criminal course. He cannot be made to understand that his criminal actions are wrong. He may commit murder without purpose, or from an uncontrollable passion of seeing suffering on the part of the victim; or his criminal acts may take the nature of committing theft, perhaps from members of his own family. To him is meted out the punishment which the law provides; only in cases of capital crimes does the law take his condition into account. In all other respects he is treated as are the criminals belonging to the other classes.

How should we take care then that these different classes of criminals may not injure society again? Will anything be gained by confining them altogether in the same institution? Let us see. The object of punishment should be only the protection by that means of society from the ravages of its enemies. Revenge should not enter as a factor. If protection to society could be

brought about by any other means we have not the right to deprive a criminal of his liberty. In certain classes of criminals reform may certainly be brought about. By appealing to their emotions and by education much can be gained. The greatest number of the first class are amenable to this form of treatment and would make good members of society.

Certainly imprisonment as a punishment for the class who committed crime as the result of circumstances may be a questionable procedure. Its effects can hardly be called beneficial. Victor Hugo, in his *Les Miserables*, depicts this in vivid colors. The opportunity of earning an honest living, given to such individuals of this class, would result in more good than any penal institution could accomplish.

As medical men, the third class, or criminals who are such by nature of abnormality in organization, concern us more closely. For from them is culled the greatest number of habitual criminals. The commission of crime is to them a satisfaction to their abnormal craving appetite, just as the commission of good deeds is the satisfaction which a healthy mind enjoys. It is the mental food upon which they live, and cannot be given up by them.

The question of the responsibility of these individuals does not concern us. Inasmuch as they constitute a dangerous element, society has the right to guard itself against their criminal actions. The important question arises, how can this be carried out? Two factors enter into the consideration of this subject. One is the means by which their numbers may be held from increasing—the prevention of crime from this source; secondly, the means of disposing of those members of this class who have come under the hands of the law.

Should castration be practiced on males, spaying on females? Or should the law rather condemn the unmarried individuals to celibacy, and itself insure that this condition be carried out by imprisoning them, and thus keep the sexes apart? Should the married members of this class be separated, the physically healthy individual be granted a divorce from the criminal with the abnormal moral development, the latter to be imprisoned? These are questions which I leave the readers to answer as their reflection may lead them.

At a recent meeting of the Society of Medical Jurisprudence of New York, Dr.



Straps of cotton cloth doubled, or other material about an inch wide, should be sewed to the upper edge of the jacket, one in front and one behind each shoulder, about half-way from the outside of the shoulder to the neck. They should be long enough to reach the posts at the head of the bed. They should be fastened at an elevation, and be wide enough apart to allow free motion of the head from side to side.

This jacket will afford any amount of counter-extension that may be required. Twenty-five pounds until the muscles become relaxed, then fifteen, and the last two weeks ten pounds will answer in powerful subjects, even when there is muscular spasm. The patient may complain at first, but if it is removed he will ask for it in a few hours. I have used it thirteen times in different cases of fractures of the femur, and in one case of gun-shot fracture, in which there was considerable comminution, without any shortening. The effectiveness of this jacket depends upon keeping the band at its lower margin buckled tight below the margin of the ribs, and if it stretches so as to slip up at first, it is necessary to loosen the jacket and its fastenings to the bed-posts, and to reapply it.

A patient with a fractured femur always tries to move his hips away from the injured side. This is prevented by a band around the hips, secured to a board at the side of the bed, resting on the floor, and the upper end about a foot higher than the bed, so that the band will be secured to it at an elevation. The extending cord, and counter-extending bands, being also secured at an elevation, the patient rests lightly on the bed, and bed sores are prevented.

It is not necessary to have a sectional mattress, as the patient can support himself on the foot of his well leg and his elbows, so that a bed-pan can be placed under him, without relaxing the extension or counter-extension, or interfering with coaptation, or bending the bone at the point of fracture. I was not convinced of this until after frequent, careful observations. These appliances can therefore be used with the patient lying on a bed sack filled with straw, on the ground in a tent, with two stakes driven in the ground near the head of his bed, and two forks at the foot, with a smooth round stick across the forks for a roller, over which the extending cord is placed. With a piece of cloth, a cord, an ordinary spool, or a round stick in two forks for a roller, a buckle

and strap, a piece of moleskin or rubber adhesive plaster, and an air pillow or a good substitute for it, all these appliances can be made. Anything except an air pillow gets hard and interferes with the circulation, and requires constant watchfulness.

The opinion has prevailed that where there is much loss of bone with its periosteum, if too much hiatus is left between the ends of the broken bone, it will not unite. I am convinced that this is not the case. I have often observed in cases of that nature, where the wound was open so as to admit of it, that when bone and flesh were growing together, during the restorative process, the bone was always a little in advance of the flesh, and have seen four inches of bone restored in that way, the new bone growing from each broken end until the ends met.

If there is sufficient extension and counter-extension, fragments of bone which are left in the wound do not cause much irritation.

After the bone has united securely, it is best to place the limb on a double inclined plane, until the bone is strong enough for the patient to sit up and use crutches. These can be made anywhere with some boards, a few tacks and a piece of leather.

Four years of service in the field, and in hospitals for the wounded, and the results of treatment then witnessed, have awakened an interest in this subject, which has prompted me ever since to attempt to obtain the great wants—viz., efficient counter-extension and such efficient coaptation as will admit of proper attention to the wounds.

Of sixteen femurs which united after gun-shot fracture of the shaft, which are depicted in the *Medical and Surgical History of the War*, Part III, Surgical Volume; from preparations in the Army Medical Museum, eleven were shortened by overlapping of the broken ends. These silent witnesses admonish us to be prepared before another war.

---

TURPENTINE OIL BATHS. — Turpentine baths for the treatment of rheumatism, etc., may be quickly prepared by shaking up 90 to 120 grams of oil of turpentine with a very strong solution of green soap, and mixing this emulsion thoroughly with warm water when the latter is poured into the bathing-vessel.



## THE RELATION OF PLUMBING TO DISEASE.

BY T. R. CHAMBERS, M. D.,

NEWARK, N. J.

There is, to-day, perhaps, no question so intensely interesting to the profession and the layman as the causes of zymotic diseases. The epidemic now so seriously affecting our country is an infectious disease due to some microbe hitherto unknown. That typhoid fever, diphtheria and choleraic diseases are mostly, if not entirely, due to improper care of sewage is an established fact. Pure air, pure food and water, together with a sufficient exercise of mind and body, these combined make the highest conditions for happiness on this mundane sphere. As individuals we should have these things for ourselves and those dear to us. As members of a generous philanthropic body all doctors should be able to discover to the afflicted wherein the subtle cause of disease may be lurking.

One does not venture much, to say that by far the larger percentage of people are utterly regardless of the value of true pure air. If an ill-odor is noticed, the air is bad, they exclaim, whereas it may not be bad at all, except in disclosing to others that a person had been near griddle cakes while they were cooking and had carried the odor in his clothes. The most dangerous of gases have no odor or color. It has probably sickened more people than any other enemy of the human race—it is carbonic dioxide.

Sewer-gas is composed of atmospheric air mixed with the gases from decomposition of organic matters as found in sewers. It will be more or less in quantity as the sewage is sluggish or rapid in the pipes. With a rapid flow there is a minimum of gas formed. A flushed pipe has less opportunity to expose the sewage to air action than that allowing a slow stream. Each of the gases which enter into the composition of sewer-gas is not in itself poisonous when diluted, for they are frequently prepared in the laboratory and in the arts and the HS, has been recently largely employed as a cure for phthisis. It is the germs which are carried along by these gases which prove to be the dangerous elements. It is said they do not exist in rapidly moving sewage but only in standing fermenting sewage, where bubbles of gas are continually bursting and

spreading the bacteria into the air above the liquid. Cases are on record where the overflow pipe from a cistern into a cesspool was the carrier of germs to the cistern, and those who drank the water suffered from typhoid fever. A small quantity of sewer-gas laden with these germs may cause considerable havoc while a large quantity of sewer-gas minus the germs may be comparatively innocuous. Just here is the stumbling-block which overthrows many who, living in a sparsely settled region, have been accustomed to see the waste, slops and what-not from the house allowed to take care of itself in a little open drain run off a variable distance from the house. Having seen the liquid excreta taken care of, or rather abandoned in this manner during their whole lives, they are with difficulty brought to believe that in a more closely settled town or city this waste must be zealously guarded and regarded. These germs seem to be as diffusible as the gas itself. They will find their way through brick walls, tainting milk and meat in short time.

It is true, people become accustomed to breathing contaminated air, but it is also true that it has a very deleterious effect upon those breathing it for any considerable time. It is estimated by competent authorities who have gathered the statistics that vitiated air in the houses of our citizens causes 40 per cent. of deaths annually.

Diarrhoeas, dysentery, periodic fevers, headaches, have been traced to sewer-gas. Cholera and typhoid fever have been transmitted from house to house through the sewers. In children it causes vomiting, diarrhoea, gastric derangements and tonsillitis. The tendency is to affect the organs of primary assimilation rather than the lungs. In times of epidemic diseases, these diseases are apt to assume a severe type. It would not be surprising if *la grippe* shall take on typhoid and diarrhoeal complications in towns and cities where the air or water, or both, are polluted. An intractable sore throat or diarrhoea has often been immediately cured by change of location of the patient.

One more point on this head. A person is more susceptible when in a quiescent state, as during sleep, hence the extra care that should be taken of sleeping apartments. The prevention of sewer-gas poisoning is of more importance than its cure.

The subject of this paper was to be the

relation of plumbing if it is defective the parent things in the is of the u As the stron its weakest in all but or be sufficient

All drain erly caulked sufficient fa flow of sewa erly placed tended of th pipes and ca of iron pipe quite as por tar which ter in a short ti gas diffuses pore to the Never buy a have it coat has been te well done.

I could c aise, headac pale-faces, w sewer-gas Sometimes t was fed from

As to trap Some of the pensive. So simple. All but the best S trap, or on If these trap daily use, wi perfectly safe

Suppose a lar to a poin of the house. several basins fixture should not re-enter t the highest fi is an importa sewer-gas do the sewer in themselves.

In a hous family of five tended three were severe, re The first cas

relation of plumbing to disease; but if the plumbing is good there is no relationship; if it is defective, however, the one becomes the parent of the other. There are several things in the sewerage plant each of which is of the utmost importance in its place. As the strongest chain is no stronger than its weakest link, so if the plumbing be good in all but one particular, that one point may be sufficient to condemn the whole.

All drain and waste pipes should be properly caulked, ventilated, and placed with a sufficient fall to obtain a somewhat rapid flow of sewage. The traps should be properly placed so that they shall do what is intended of them. First, with regard to proper pipes and caulking. There are many grades of iron pipe in the market, some of which are quite as porous as tissue paper and a coat of tar which temporarily fills the minute holes is in a short time destroyed, and the sewage gas diffuses through the iron pipe at every pore to the detriment of all exposed to it. Never buy a tar-coated pipe. If you wish, have it coated with tar or painted after it has been tested. See that the caulking is well done.

I could cite many cases in which malaise, headache, tonsillitis, general debility, pale-faces, weak-knees have been caused by sewer-gas in ill-ventilated apartments. Sometimes the cold-air box to the furnace was fed from over sewage-polluted ground.

As to traps, there are many kinds of traps. Some of them most ingenious and most expensive. Some are simple, others not so simple. All are likely to get out of order, but the best beyond all odds is the ventilated S trap, or one built on the same principle. If these traps be properly vented and in daily use, with occasional cleaning, they are perfectly safe.

Suppose a soil pipe running from the cellar to a point several feet above the coping of the house. With this pipe are connected several basins, closet-bowls and sinks. Each fixture should be vented, but this vent should not re-enter the soil pipe below a point above the highest fixture, to avoid syphonage. It is an important point to remember that the sewer-gas does not necessarily come from the sewer in the street but from the pipes themselves.

In a house in this city (Newark) in a family of five, within the year 1888, I attended three cases of typhoid fever. All were severe, remaining in bed over four weeks. The first case was diagnosticated within

the initial week as unmistakable typhoid and the cause sought for. A waste pipe was found to have a putty-joint reinforced with rags wrapped around it. The joint was leaking and the rags a filthy mass. This place was about 18 inches distant from a ledge on which milk and eatables were kept. The joint was lead caulked and other plumbing overhauled, and put in an apparently sanitary condition. Three months later a second case of typhoid occurred. The plumbing was reinspected and further leaks discovered, and now surely the plumbing was most carefully repaired. Hardly had the second case recovered when the third case broke out. The plumbing was in good order and the cause sought elsewhere. In the cellar, under a heap of coal, was found an opening directly into the street sewer. It had been originally intended as a drain from the cellar bottom. The bell-trap which was placed over the opening was found to have a saucer in which the bell should fit, and thus if water were present, make a seal against back draughts. The previous tenant not understanding the working of the trap had ingeniously filled the saucer with ashes and, there being no water in it, sewer-gas had free access to the house. The connection with the sewer was abolished and during the past year there have been no further cases of typhoid or other zymotic disease.

At another house it is now eighteen months since a case of typhoid ran its course and recovered. In the same house during the past three months, a second case broke out. Besides these the inmates complained of frequent headaches, attacks of malaise, and recurring malarial symptoms. Investigation showed in the laundry, adjoining the closet in which milk and edibles were kept, an imperfect brass connection between the lead waste from kitchen sink and the main soil pipe. There was also found a peculiar thing, which the landlord protested could not be the case. The half S trap under the kitchen sink had no vent, and at certain times, from some reason unexplainable, sewer-gas pushed its way through this trap into the kitchen. This condition of affairs was suspected a long time, but faith in the S trap was misplaced (the trap was not vented). The peppermint test, by the Board of Health revealed the whole matter.

In closing, a moral presents itself. It behooves every intelligent Board of Health to insist that the water test should be tried

in every new plumbing plant and in every reconstruction of old plants, and where defects occur they should be condemned and not allowed. If water stands in a system over night it is pretty sure no sewer-gas will be freed.

It behooves the medical profession collectively to see to it that the crying evil of defective drainage be overcome and individually to seek out and cause to be remedied one great evil which is not by any means a necessary concomitant of the luxuries of running water into the homes of the people.

### PERISCOPE.

#### United Fracture of the Base of the Skull.

Dr. Samuel Gordon, at a recent meeting of the Royal Academy of Medicine in Ireland, exhibited a united fracture of the base of the skull involving the anterior and middle fossæ. The injury which caused the fracture was a fall from a car during an epileptic fit. The patient had long suffered from epilepsy, and had sustained many injuries by falling when seized with convulsions. Among these was a transverse fracture of the patella, which the President submitted to the Section in its last session in consequence of the exceptional derangement of the structures of the knee which it presented.

Having detailed the symptoms observed during the fatal illness, which resembled those of Jacksonian epilepsy, Dr. Gordon stated the grounds on which he had declined to interfere surgically with the patient. The *post-mortem* examination disclosed a united fracture of the frontal region radiating to the base along the middle line, and the changes observed in connection with it were clearly seen to have no causal relation to the epilepsy. This was verified by reference to the history of the case.

Referring to the details of the fracture, Dr. Gordon noted the great rarity of such specimens, quoting some of the few recorded examples in support of this view. This rarity of specimens, he stated, was due to the amount of force which is necessary to produce fractured base which inflicts great injury on the brain, and to the fact that almost all such fractures are compound either by external wound, or more frequently by

opening the nasal and aural cavities, and are so specially prone to be complicated by inflammation.

Dr. Myles said the case was of extreme interest in connection with the diagnosis of internal lesions of the brain. Was it possible to diagnosticate epilepsy of the functional form, which was unconnected with organic lesions of the brain, from the so-called Jacksonian epilepsy? From an analysis of the present and several other cases he had observed, he concluded that localization of cerebral lesions by analysis of the external symptoms in question was practically an impossibility.

Mr. Franks said Dr. Myles appeared to be entirely sceptical on the subject of cerebral localization. In the case now before the Section the localizing symptoms were practically *nil*. All those who had had large experience of such cases were agreed that once the convulsions became general it did not matter whether the head turned to the right or the left, or the eyes towards the right or left; these signs gave no indication whatever as to the position of the lesion. The possibility of diagnosis wholly depended on the first symptom, or twitch; and it was often extremely difficult to find it.

Dr. Gordon, in reply, reminded Mr. Franks that the whole drift of his case was that the man had been epileptic for a great number of years, and that while he had accidentally got fractures and lesions, none of them had anything to do with the epilepsy. They did not know what caused the epilepsy. The man had albuminuria.—*Dublin Jour. of Med. Science*, Feb. 20, 1890.

#### Tuberculosis in Men and Animals.

At the last meeting of the Medical Society of the State of New York, Dr. E. F. Brush read a paper on the geographical distribution of tuberculous and dairy cattle. He thought that, if he could show by reputable authority that the geographical distribution of human tuberculosis was coincident with the distribution of bovines affected with this disease, the inference would be that they stood to each other in the relation of cause and effect. In studying the geographical distribution of pulmonary consumption, the necessity for separating important and indigenous cases in any table of statistics was absolute in order to reach any conclusion as to the habits of the people and their effects

with reference to diseases by animals in the case of men of animals being infected by danger, He thought human cases from the indig- nity while consumpt- like Austr- inhabitan- introducti- cattle bre- while som- breeder a- tuberculos- In all das- tubercular- while the- those when- domestic- as a peopl- Tartars in- consumers- medical r- confessed- why the- dominant- poor Chin- ceived not- South Am- ingly num- unknown- only, the- The speak- ten degree- contrasted- and other- equal; bu- European- tuberculos- where dair- pean style- that there- because th- race far ou- case. If th- disease, he- affairs rem- however, a- beef cattle



with reference to this disease. Many other diseases were conveyed to the human race by animals. Of this no doubt existed; but in the case of tuberculosis the slow development of the disease was a disturbing factor in reaching conclusions. The danger of animals being infected by man was exceedingly small; the danger of man being infected by animals was practically the only danger, and even this could be avoided. He thought that the proposition for isolating human consumptives was leading us away from the chief danger. In lands like Egypt the indigenous inhabitants retained immunity while associating for long periods with consumptive immigrants, while in regions like Australia and the Sandwich Islands the inhabitants had become infected after the introduction of dairy cattle. The best dairy cattle breeds were the tubercular breeds, while some of the breeds not classed by the breeder as dairy cattle were exempt from tuberculosis owing to their vigor and health. In all dairy countries the prevalence of tubercular consumption was a settled fact, while the only countries at all in doubt were those where the dairy consisted of other than domestic cows. He spoke of the Chinese as a people who did not use milk, while the Tartars in that country were meat and milk consumers, and therefore the observations of medical men were very confusing. They confessed that they could not understand why the disease prevailed among the dominant Tartar class, but not among the poor Chinese, who, according to all preconceived notions, ought to be tubercular. In South America, where cattle were exceedingly numerous but the use of milk almost unknown, or it was used after being boiled only, the natives still enjoyed immunity. The speaker, taking a geographical square of ten degrees, embracing Spain and Morocco, contrasted the two countries. The climatic and other conditions were pretty nearly equal; but Morocco, where there were no European dairy cattle, was exempt from tuberculosis, while in Spain and Portugal, where dairying was carried on in the European style, tuberculosis prevailed. He thought that there was no great necessity for alarm, because the benefits conferred by the bovine race far outweighed the burden of the disease. If there was no way of remedying the disease, he would be in favor of letting affairs remain as they were. He expressed, however, a strong opinion that dairy and beef cattle could be bred in such a way as to

eliminate tuberculosis, but this could only be done by increasing the price of both beef and milk—*N. Y. Med. Journal*, Feb. 15, 1890.

### Olive Oil in Gallstone.

Dr. J. I. Skelly reports the following case in the *Weekly Med. Review*, Feb. 15, 1890:

"An old woman, 65 years old, who had had numerous attacks of hepatic colic, sent for me. I took with me a pint of the purest olive oil I could get. I found the lady undergoing all the agonies of gallstone colic, as her attending physician pronounced it. She had taken several hypodermic morphias but with no relief. She was immediately given olive oil, f. 3 viij. and f. 3vj in two hours after.

"In about an hour after taking the last dose the bowels began to move, and at least a handful of gallstones passed during the afternoon and evening. None of them were larger than a filbert. She has never had any trouble since that I know of."

### Insanity Proceeding from the Colon.

In an article on this subject in the *Alienist and Neurologist*, Jan., 1890, Dr. Harold N. Moyer states that the term "reflex," as applied to certain pathological conditions, has been so often misused and such erroneous conceptions have been formed under this all-embracing title that he confesses a dislike to the term, and only uses it in its most restricted sense. One has only to refer to the vast number of surgical procedures relegated to oblivion to emphasize the erroneous conceptions regarding the reflex nature of some nervous disorders, clitoridectomy, circumcision, even castration, and lastly oöphorectomy. The colon has thus far largely escaped, not through want of importance, but solely because no one seems to have devoted special consideration to the diseases of this organ.

The earliest writer to call attention to the colon as a reflex cause of insanity was Schroeder van der Kolk. It formed no mean division of his order of sympathetic insanities, only yielding in importance to the uterus and sexual parts. He regarded the trouble as a true reflex, an irritation beginning in the peripheral endings of the sympathetic nerves, propagated to the vasomotor supply of the central nervous system,

and their working disorder principally in the circulation. In these days of germs and ptomaines, a more acceptable theory to many will be that we have in these cases a true auto-infection; an addition to the blood of noxious elements, which, circulating through the nervous system produce toxic effects. It is probable that both theories have an element of truth. In some cases there may be a direct poisoning of the blood, while in others the disorder may be purely reflex in character.

Van der Kolk was himself affected with this disorder. While suffering from constipation and fatigue from overwork, hallucinations and phantasms appeared to him and continued for three days; a large clyster was administered, which was followed by a copious evacuation of foul-smelling fecal matter. Immediately the hallucinations disappeared and his mind became tranquil. There are no distinguishing symptoms of this condition but an intellectual disturbance which, having its origin in this source, is said by Van der Kolk to be characterized by a peculiar depression of spirit, by anguish of mind, and by the patient's self-accusations of wickedness and baseness. The disease has a very slow course and generally the mental anguish has existed some time before the physician is consulted.

Whatever view may be taken of the basic pathology of these conditions, there can be no doubt of their etiological relations, and additional emphasis is laid upon the necessity of thoroughly investigating possible sources of reflex irritations in all functional nerve disorders. Dr. Moyer gives the history of three typical cases of insanity which occurred in his own practice, and which were entirely relieved by large enemata. In each case enormous quantities of foul-smelling fecal matter were evacuated.

Regarding the treatment of this condition Dr. Moyer inclines to the view expressed by Van der Kolk, who says that all remedies which act as violent irritants of the colon, the so-called drastics, only increase the tendency to stricture; they add to the sensibility of the colon and the accumulation of blood in it, and cause watery stools, while the hard masses in the upper portion of the large intestine still remain. The disquietude, the excitement, and the uneasy feeling of the patient are thereby increased, but the strength is diminished if these medicines are continued for any length of time; the circulation becomes

more and more irregular, the radial pulse becomes small, and the limbs cool.

In ordinary constipation, where there is simple atony of the bowels, laxatives may be indicated; but where there is a true overfilling with distension of the pouches of the colon, cathartics are of little use, and may be positively injurious.

### Thomsen's Disease.

Dr. C. H. Hughes, in the *Alienist and Neurologist*, Jan., 1890, describes the principal characteristics of Thomsen's Disease, or Neuro-myotonia, as follows:

1. Invariable association of tonic spasm with attempted voluntary motion and general freedom from sphincter involvement.
2. Yielding of the spasmodic resistance to repeated and persistent volitions.
3. Recurrence of the spasmodic conditions after a period of voluntary rest, and a renewal of the voluntary effort.
4. Absence of pain associated with muscular spasm.
5. Preservation of the general muscular integrity—no marked loss of power under the will or electricity.
6. Extension of the spasm, when once excited, to all the muscles brought into action and under great mental emotion, sometimes a tendency to become quite general. Diffusive spasm volitionally excited and volitionally but tardily overcome.

To sum up: Consciousness, volition exciting the spasm, painlessness in the cramped muscles, muscular integrity, and the spasms overcome by persistent volitions, gives us the clinical picture of myotonia or Morbus Thomsenii so clearly, that with or without electrical reaction, with or without muscular hypertrophy, with or without the spreading spasm, with or without the harpoon and its revelations, we ought to see it plainly.

### Application for Tonsillitis.

Rosseau gives the following, which the *National Druggist*, Feb. 15, 1890, claims to be excellent:

R Sodium baborate . . . . .	2 parts
Potassium chlorate . . . . .	2 parts
Strained honey . . . . .	4 parts
Glycerine . . . . .	8 parts

Mix and rub thoroughly. To be applied directly to the seat of inflammation, by means of a swab, from eight to ten times daily.

AP SUGGESTIONS  
See that your  
subscription is paid  
in requesting a  
well as the new or  
If your REPORT  
lately, notify the p  
discovered and con

AP SUGGESTIONS  
Write in ink.  
Write on one side  
Write on paper  
Make as few pa  
Do not abbreviat  
"et"  
Make communic  
Never roll a  
wrapper which wil  
When it is desi  
newspaper, mark  
view on the wrap  
newspapers are not  
The Editor will  
portant that brevity  
indications intend

### GRIPPE OR

Influenza, c  
by no means  
the medical m  
in the last ten  
From the nine  
Christian era  
less resembling  
and from that  
ture of the sub  
of the most re  
we have recor  
China in 1830  
Europe and A  
there, and br  
until 1833.  
been a number  
ix, including  
States, in 1879  
excellent acco

# THE MEDICAL AND SURGICAL REPORTER.

ISSUED EVERY SATURDAY.

CHARLES W. DULLES, M.D.,  
EDITOR AND PUBLISHER.

N. E. Cor. 13th and Walnut Streets,  
P. O. Box 843. Philadelphia, Pa.

## SUGGESTIONS TO SUBSCRIBERS:

See that your address-label gives the date to which your subscription is paid.

In requesting a change of address, give the old address as well as the new one.

If your REPORTER does not reach you promptly and regularly, notify the publisher *at once*, so that the cause may be discovered and corrected.

## SUGGESTIONS TO CONTRIBUTORS AND CORRESPONDENTS:

Write in ink.

Write on one side of paper only.

Write on paper of the size usually used for letters.

Make as few paragraphs as possible. Punctuate carefully. Do not abbreviate or omit words like "the" and "a," or "an."

Make communications as short as possible.

NEVER ROLL A MANUSCRIPT! Try to get an envelope or wrapper which will fit it.

When it is desired to call our attention to something in a newspaper, mark the passage boldly with a colored pencil, and write on the wrapper "Marked copy." Unless this is done, newspapers are not looked at.

The Editor will be glad to get medical news, but it is important that brevity and actual interest shall characterize communications intended for publication.

## GRIPPE OR EPIDEMIC INFLUENZA.

Influenza, or epidemic catarrhal fever, is by no means a new disease, though most of the medical men who have been graduated in the last ten years have seen nothing of it. From the ninth and tenth centuries of the Christian era references to a disease more or less resembling influenza begin and multiply, and from that time to the present the literature of the subject has grown steadily. One of the most remarkable epidemics of which we have records is that which started in China in 1830, and swept rapidly over Asia, Europe and America, lingering here and there, and breaking out afresh in places, until 1833. Since that time there have been a number of less wide-spread epidemics, including that occurring in the United States, in 1879, of which Da Costa gave an excellent account in the MED. AND SURG.

REPORTER, of March 8, 1879. The present epidemic, which has just swept the world from east to west, has excited universal attention, and sufficient time has at length elapsed in the countries earlier affected to enable clinicians and pathologists to record their observations, and for the REPORTER to present to its readers some views in regard to it founded upon actual observation and not upon mere hypothesis. The general type of the disease has been severe, but as usual there have been all grades, from the very mildest, scarcely amounting to indisposition, to the very gravest, endangering and precipitating, if not actually causing death. The poison has a marked predilection for the mucous membranes; in most cases it is the mucous membranes of the respiratory tract that suffer, in other cases those of the gastro-intestinal tract. In the former case the prominent symptoms are coryza and bronchitis, with pneumonia, generally catarrhal, as a complication; in the latter, repeated vomiting with diarrhoea. In addition to these symptoms almost every well-marked case is attended with symptoms indicating the action of a systemic poison—chill, headache, fever, muscular pains, great depression of physical and mental strength and energy, and a slow convalescence, attended with great muscular weakness.

One of the most interesting questions concerning influenza is that of its causation. Notwithstanding the fact that the disease has been known for hundreds of years, this question remains unsettled. The poison cannot be dependent upon local surroundings or upon climatic conditions; for Siberia and Italy have alike suffered, and so have Canada and the southern portions of the United States. The rapidity with which the disease spreads indicates that the poison is such as can be transmitted by the air; while its pandemic character, the uniformity of the symptoms produced by it, and the evident constitutional involvement, all entitle influenza to rank among the specific diseases.

As was to be expected, bacteriologists



have searched for a vital cause for influenza. In the *Deutsche med. Wochenschrift*, Jan. 23, 1890, Prof. Ribbert modestly records the results of his bacteriological studies of the bodies of eight persons who had died of the disease in question. In five of the cases the only characteristic micro-organism found was the streptococcus pyogenes, otherwise called the streptococcus of erysipelas. This was especially abundant in the sputum. It is not impossible that this organism may undergo a wonderful development and be carried by the atmosphere broadcast over the world. Nor can it be denied that its presence, if accompanied by the development of a chemical poison, such as bacteria produce, might perhaps account for the symptoms of the disease. But the probability is that influenza simply leaves behind it a soil suitable for the development of the streptococcus, and that if it be a germ disease, the specific germ is peculiar to it alone. It is interesting in this connection, as supporting the probable association of the streptococcus of erysipelas with the later stages of the disease, to note that in Philadelphia a number of severe cases of facial erysipelas have followed close upon the heels of an attack of influenza.

Of almost equal interest with the question of causation is that of contagion. To a certain extent the decision of the latter will depend upon the view held of the former. If influenza is a specific disease, due to a poison peculiar to it alone, then it is probably contagious also. It has no doubt occurred in the experience of very many physicians to see one after another member of a family contract influenza within twenty-four or forty-eight hours after the first case has appeared in the family; and generally those first to suffer are the ones in closest association with the sick one. Still, it must be admitted that experience on this point has not been uniform. Moreover, it can be urged with much reason that it is at least unnecessary to invoke the agency of personal contact to explain the develop-

ment of a fresh case of the disease in a family when the whole atmosphere is full of the poison. A clearer case of contagion seems to be made out by Dr. Danguy, in a communication to *La Semaine Médicale*. The original paper is not at hand, but it is referred to by Dr. S. Guttman in a discussion on influenza which took place before the Berlin Medical Society (*Deutsche med. Wochenschrift*, Jan. 23, 1890). According to the statement of Dr. Danguy, there was in the harbor of Brest the school-ship "La Bretagne," with eight hundred and fifty men on board, of whom two hundred and forty-four have been sick with influenza since December 14. In the same harbor were two other school-ships, with an equal number of men; in neither of these, however, has there been a single case of influenza. In regard to the outbreak on the Bretagne, it appears that an officer belonging to this ship returned from Paris to Brest with some goods which he unpacked in person. Three days after the unpacking he was seized with influenza while still in Brest, and on the following day his wife was attacked, and on the day afterward three servants. The officer was attacked on Dec. 11; on Dec. 14, before he was entirely well, he went to the ship; on Dec. 16, the second case on the ship developed, and from that time spread more and more. The officers who were sick and went to their homes in Brest, without exception spread the disease in their families.

If the facts are as stated by Danguy there would appear to be no longer doubt that influenza is a contagious disease; for the climatic conditions were certainly, as far as we can judge, as favorable for the development of the disease in each of the two ships that escaped it in the harbor of Brest, as in "La Bretagne," in which there were two hundred and forty-four cases.

Regarding the prognosis of the disease a great deal might be said; but a little must suffice here. In healthy persons who are careful to avoid exposure during the period

of convalescence, the probability to the prognosis is weak. However, the prognosis is large for the most alarmingly ill patients, the state of the disease is dominated by the observed tubercle, the other that, in escaped lightly.

A word rarer comes these marks of the form of as dendritic berger refers to Vienna. Additionally able illness.

In conclusion, our knowledge is adequate, the belief in epidemic poison is

During preparation, more, ask schools for the education of six physicians, societies, private practice, its request, and Feb

of convalescence—when there is great liability to the development of pneumonia—the prognosis is good. In persons with weak hearts, and especially with phthisis, the prognosis is grave. In some of our large hospitals the advent of influenza was most alarmingly fatal to a large number of patients with phthisis. In view of this fact the statement of Germain Sée (*Gazette Hebdomadaire*, Dec. 27, 1889), that influenza is observed only altogether exceptionally in the tuberculous, is incomprehensible. On the other hand, it is somewhat remarkable that, in the present epidemic, children have escaped altogether, or have been affected lightly.

A word may be added concerning the rarer complications of the disease. Among these may be mentioned acute inflammation of the middle ear, meningitis, and a peculiar form of inflammation of the cornea known as dendritic keratitis. Of the latter Hirschberger reports two cases, in the *Münchener med. Wochenschrift*, Jan. 28, 1890, and he refers to several seen by Prof. Fuchs in Vienna. Hirschberger's paper is made additionally valuable by reason of the admirable illustrations which accompany it.

In conclusion, it may be stated that while our knowledge of influenza is still very inadequate, what we do know of it warrants the belief that it is a specific, contagious, epidemic catarrhal fever, due to a special poison which is carried by the atmosphere.

#### IMPROVEMENT IN MEDICAL EDUCATION.

During the summer of 1889 a petition was prepared by some medical men in Baltimore, asking the Faculties of the five medical schools in that city to meet in conference for the discussion of reforms in medical education. This paper was signed by ninety-six physicians representing the hospitals, societies, colleges, state and city offices, and private practitioners. In accordance with its request, meetings were held in January and February, 1890, at which there were

representatives from the Johns Hopkins Hospital and from all the five medical colleges of Baltimore, except the University of Maryland, which last, having recently adopted the proposed reforms, declined to enter the conference on the ground that such action was not now necessary on its part. The staff of the Johns Hopkins Hospital (represented by Professor Osler and Dr. Hurd) took great interest in the movement and expressed great sympathy with it. Although the Woman's Medical College has already adopted a standard beyond that contemplated, it entered the conference from like disinterested motives. The result was that the College of Physicians and Surgeons brought in a proposition to make the movement National, by calling a meeting of College Faculties during the meeting of the American Medical Association at Nashville, in May next. This proposition met with favor and the circular will be printed and sent to all the colleges.

It was argued at Baltimore that it would be suicidal for the colleges of that city to adopt reforms without some general consent, and that such a course would not really promote the cause of medical education in this country, and it was decided to attempt to secure some uniform and unanimous action by requesting all the medical schools of the country to send delegates to Nashville, and to instruct them to vote for the adoption of a three years' course and six months' sessions; a graded curriculum; written and oral examinations; a preliminary examination in English; compulsory laboratory instruction in chemistry, histology and pathology—these being considered the minimum of requirements demanded for a fit medical education.

In taking the lead in this movement, the Baltimore physicians do not arrogate to themselves any pre-eminence in the matter, and modestly suggest that it may be that the sense of their deficiencies impels them to take to some action in the direction of a higher standard of medical education.

They feel a natural desire to enlist the interest of the physicians in other cities in the movement which they have started and hope for sympathy and assistance in the attempt to make it successful.

It need hardly be stated that no movement of this kind could fail to enlist the hearty support of the MEDICAL AND SURGICAL REPORTER, and we gladly call the attention of the readers of this journal to what their brethren in Baltimore are undertaking, in the full expectation that their effort will be warmly supported by all who have an interest in elevating the standard of the medical profession in the United States. Our readers will, of course, remember that an attempt of this sort was made a few years ago but ended in collapse. This, however, should not discourage those who are interested in this one, for almost all reforms have had to endure repeated disappointments before they were fully established.

#### TREATMENT OF RETROFLEXION OF THE UTERUS.

Attention has been called, during the past year, in the Editorial columns of the REPORTER, to the operations of Alexander, of Schücking, of Wylie, and of Olshausen-Kelly, for the cure of retroflexion of the uterus.

The operations of Alexander and Schücking are done without opening the abdomen; for the other operations preliminary laparotomy is necessary. Wylie's operation is done by separating pelvic adhesions, especially of the uterus and uterine appendages, then seizing one round ligament, removing its peritoneal coat so as to make a raw surface, doubling it on itself, and securing it with sutures; after which the other round ligament is shortened in the same manner. The method originated by Olshausen, in Germany, and Kelly, in America, known as hysterorrhaphy, consists in separating pelvic adhesions, and suturing the fundus, or, preferably, the ovarian ligaments, to the anterior abdominal wall. This operation has been quite exten-

sively practiced in Germany and this country.

Dr. A. P. Dudley has devised a new operation for the cure of retroflexion by shortening the proximal ends of the round ligaments. Other methods of treatment failing, he opened the abdomen, broke up the adhesions of the tubes and ovaries, lifted the uterus, dissected the peritoneum from its anterior surface down to near the vesico-uterine cul-de-sac, freshened the round ligaments from their uterine connection for a certain distance outward, and attached them by fifteen catgut sutures to the freshened anterior surface of the uterus down to about the junction of the middle with the lower third. The organ was thus retained perpendicular to the axis of the pelvis, or slightly anteverted. When the case was reported, the uterus still retained this position, but it was too soon to know the final result.

This operation is certainly an ingenious one, and its true value must be determined by its results. Upon theoretical grounds it does not appear to be an improvement upon hysterorrhaphy—especially when the method of suturing the ovarian ligament to the anterior abdominal wall is adopted. It is certainly more difficult to do, produces greater traumatism and subsequent effusion, and has the disadvantage of leaving many sutures in the peritoneal cavity. Moreover, by attaching the ligaments to the anterior surface of the uterus "down to about the junction of the middle with the lower third," they no longer draw upon the fundus to tilt it forward and antevert the uterus, but rather upon the body, and thus antepose the organ. Suturing the ovarian ligaments to the anterior abdominal wall, eventually forms an elastic suspensory ligament of peritoneum which holds the uterus in antelexion, at the same time elevating the ovaries. The further progress of the operative treatment of retroflexion will be awaited with interest. In the meantime the activity of surgeons in seeking for satisfactory methods of treatment promises a satisfactory solution of the problem.

[Any book receipt of price]

ESSAY ON  
PHYSIO-  
PEUTIC  
By J. M.  
Hospital.  
tions and  
M. D., me-  
tion, etc.  
8vo, pp. xv  
Davis, 188

Demarquas  
Medicine, o  
American tra  
portions of t  
the pneumato  
has omitted t  
chapters deve  
bolic acid, an  
trative cases.

The first cl  
quay's work  
the blood in  
second chap  
medical histo  
and his pred  
logical action  
chapter is dev  
tion of oxyge  
In the fifth cl  
hydrogen. T  
translator's n  
In the chap  
a number of  
the gas in as  
bility. Its ap  
affections also

The increas  
ous constituti  
makes the ap  
form accessib  
timely. It is  
both by judic  
original, and  
tions, has do  
who are intere  
and their num  
much useful i

TRANSACT  
SOCIETY,  
8vo, pp. 399

This very a  
ten Gynecolog  
wed cloth, an  
gether it is ple  
The thirty es  
general of a h  
reading.

Among the  
Kelly, of New  
writer sets for  
der all circum  
stance with  
did with the  
shorten is jus  
quently endan  
by the contin



## BOOK REVIEWS.

[Any book reviewed in these columns may be obtained upon receipt of price, from the office of the *REPORTER*.]

**ESSAY ON MEDICAL PNEUMATOLOGY: A PHYSIOLOGICAL, CLINICAL AND THERAPEUTIC INVESTIGATION OF THE GASES.**

By J. M. DEMARQUAY, Surgeon to the Municipal Hospital. Paris, etc. Translated, with notes, additions and omissions, by Samuel S. Wallian, A. M., M. D., member of the American Medical Association, etc. Illustrated with fine wood-engravings. 8vo, pp. xvi, 300. Philadelphia and London: F. A. Davis, 1889. Price, \$2.50.

Demarquay's work was reported to the Academy of Medicine, of Paris, and published in 1866. The American translator has reproduced the most practical portions of the book, especially the parts treating of the pneumatoses and the chapters on oxygen; but he has omitted the part devoted to emphysema and the chapters devoted to therapeutic experiments with carbolic acid, and has also condensed the reports of illustrative cases.

The first chapter of this abbreviated form of Demarquay's work is taken up with a study of the gases of the blood in their physiological condition. In the second chapter interesting information is given of the medical history of oxygen from the time of Priestley and his predecessors to our own time, and the physiological action of oxygen is considered. The third chapter is devoted to the preparation and administration of oxygen, and the fourth to its therapeutic action. In the fifth chapter the author considers nitrogen and hydrogen. The final chapter is taken up with the translator's notes, comments and additions.

In the chapter on the therapeutic action of oxygen, a number of cases are given illustrating the action of the gas in asthma, anemia, phthisis and general debility. Its application to the treatment of surgical affections also receives attention.

The increased study given to the treatment of various constitutional and local diseases with oxygen makes the appearance of Demarquay's book in a form accessible to English readers both welcome and timely. It is a pleasure to say that the translator, both by judicious pruning and condensation of the original, and also by his helpful comments and additions, has done a real service to his readers. Those who are interested in the therapeutic use of oxygen, and their number is constantly increasing, will find much useful information in the present book.

**TRANSACTIONS OF THE GYNECOLOGICAL SOCIETY, OF BOSTON.** New Series. Vol. I. 8vo, pp. 396. Boston: Cupples & Hurd, 1889.

This very attractive volume does credit to the Boston Gynecological Society. It is bound in mauve-colored cloth, and printed on good, heavy paper. Altogether it is pleasing to the eye of the lover of books. The thirty essays, together with discussions, are in general of a high order of excellence and well repay reading.

Among the more noteworthy papers is one by J. E. Kelly, of New York, on the Ethics of Abortion. The writer sets forth the view that abortion is criminal under all circumstances. This theory will not gain acceptance with the general profession any more than it did with the Society. The prevailing opinion that abortion is justifiable where the life of the mother is greatly endangered or her death is absolutely assured by the continuance of pregnancy, is not likely to be

given up because of the construction that such an abortion is homicide. It is a practical fact that it is better to save one life than to see two lost. At the same time, all conscientious men will be glad when the profession and the public will demand that abortion be only done after consultation by two or more medical men of established reputation. The gravest emergency should scarcely excuse a single practitioner from destroying an unborn human being.

The elaborate essays by Cushing on the "Relations of Certain Bacteria to Puerperal Inflammations," by Marcy on "The Perineum," by Warren on "The Diagnosis and Treatment of Cancer of the Breast," and by Betts on "The Dress of Women," make the volume a substantial scientific publication.

By a singular coincidence the last two essays are strangely out of touch with modern medicine. The first is entitled "Errors and Misapprehensions," by Henry M. Field. The first error considered is the use of the speculum. In its place the writer uses a "shielded applicator." More frequently than the applicator Dr. Field has used the Simpson sound. This he always uses when the patient is at home in bed. It is to him an essential weapon of diagnosis, and nothing can take its place. Conjoined palpation he considers tedious, trying and painful to the patient. Surely nothing more remarkable than this has appeared in literature for many years! Conjoined palpation and the speculum are the very foundation of modern practice. Such conditions as diseased appendages, pyo-salpinx, and small, pelvic tumors can hardly interest the writer. He considers that the sound should be clean, but passes it with a clear conscience through dirty vaginal secretions. The only modern teaching in the paper is that applications should only rarely be made within the uterus.

Dr. McDonald contributes the final paper, in which he opposes the extension of obstetrical antisepsis to private practice.

## LITERARY NOTES.

—Professor Boyesen's novелlette in the March *Cosmopolitan*, "A Candidate for Divorce," has many realistic scenes from a young ladies' boarding school, and aims to show the evil result of the prevailing methods of education for girls. Two timely articles are "Easter in Jerusalem," by Frank G. Carpenter, and "Browning's Place in Literature," by the well-known Browning lecturer, Emily Shaw Forman. Captain Daniel Morgan Taylor furnishes an interesting article on "The Militia," illustrated by Harry Ogden, and Col. Charles Chaillé-Long gives a remarkable description of "The Desert" with several striking engravings.

THE BOLO FLOWER, discovered by Dr. Schadenberg growing upon a volcano mountain in one of the Philippine Islands, is perhaps the largest flower in existence, being as large as a carriage-wheel, or, to be more precise, about three feet in diameter and twenty-two pounds in weight. The proper name of the plant is *Rafflesia Schadenbergia*. The flower has five oval and creamy-white petals, which grow around a centre filled with countless long violet-hued stamens.

## NOTES AND COMMENTS.

### Chloralamide as a Hypnotic.

Mr. George P. Cope, in the *Dublin Journal of Med. Science*, February, 1890, describes his experience with chloralamide, and says: I think these cases demonstrate that chloralamide is undoubtedly a sleep-producing agent, that the sleep created varies from five to eight hours, and appears to be sound and refreshing. A dose of 25 to 35 grains was sufficient to cause sleep in patients suffering from melancholia and chronic mania, but in cases of acute mania small doses had no effect, and sleep was not produced by less than from 40 to 50 grains. No recognized evil effects followed the continued use of this drug for eight days; and only one out of twenty-five persons under treatment with chloralamide was noticed to be suffering from gastric disturbances—viz., giddiness and sickness, with dry, brown tongue, which followed six hours after a draught, when no sleep ensued.

In comparison with other hypnotics, chloralamide, as it consists of a combination of chloral, somewhat resembles it in its action. Both induce sleep, lasting from five to eight hours, but they appear to possess little analgesic influence unless when they cause sleep. Unlike opium they will not relieve pain. The time that elapses before sleep is produced varies from thirty minutes to an hour, and the sleep appears to be natural and refreshing. Its action on the circulation is stated to be quite the opposite of that of chloral hydrate, which acts directly upon the blood pressure, slowing the pulse and respiration, and producing poisonous effects, by direct action on the cardiac ganglia and respiratory centre, causing paralysis of the heart and cessation of respiration. Chloralamide appears, as far as I have been able to ascertain, to be free from such danger. In five cases—one of pneumonia, one of phthisis, one of cardiac disease, and two of insomnia—I obtained sphygmographic tracings before and after its administration, and the blood pressure was not lowered in any of them, while the respiration and temperature remained the same. Dr. Daniel Leech (*British Medical Journal*, November 2, 1889), writing about chloralamide, states that "it seems probable that the formamide element, containing as it does a substitute NH group, will stimulate the circulatory and respiratory centres in the medulla, thus

tending to counteract the depressing influence of chloral on them." Reichmann noticed that with doses ranging from 30 to 60 grains the blood pressure was not lowered.

Comparing chloralamide with sulphonal, which has been extensively used in the Richmond District Lunatic Asylum, with very satisfactory results, for the last year and a half, I need not dwell upon the advantages of the latter as a hypnotic agent, because I have practically nothing to add to the observations made by Dr. Conolly Norman (see *Dublin Journal of Medical Science*, January, 1889), and fully confirmed by further experience. Speaking of sulphonal, Dr. Norman states that "its disadvantages are (1) that it is bulky and practically insoluble, therefore difficult to administer, and that, perhaps, owing to its insolubility, (2) it is slow in action," and its price is high. Chloralamide, on the contrary, is not bulky, is tolerably soluble, quick in action (thirty minutes to one hour), and is now cheaper than sulphonal has ever yet become.

On the whole it seems that this new hypnotic is well worthy of a trial, having proved so far safe and reliable.

### Paralysis of Serratus Magnus.

In the *Journal of Nervous and Mental Disease*, Feb., 1890, Dr. Ross R. Bunting reports a case of a very unusual form of paralysis, namely, of the serratus magnus. The patient was a man, aged twenty-four, white, married, who presented himself Sept. 16, 1889, at Philadelphia Polyclinic Service of Dr. Chas. K. Mills. On June 7, 1889, he noticed he could only raise his right arm half-way to the shoulder. He had some pain in the shoulder at the time, which continued at intervals for two weeks, not only when he attempted to raise his arm, but when it was perfectly quiet. When seen he had very slight wasting of the muscles of the right shoulder as compared with the left. When the arm was at rest there was no much deformity.

The lower point of the left shoulder was lower than that of the right; the lower angle of the right scapula was somewhat nearer the spine than that of the left. With the right arm elevated the scapula was raised up and projected behind in a wing-like manner; the inferior angle went backward toward the spine, the external angle upward

and forward  
ula forward  
He could  
shoulder.

The serr  
act of elev  
level, as it  
scapula out  
of the join  
and not by  
that we are  
the shoulder  
lyzed, the  
particularly  
against the  
drawing up  
fore it and  
into the sub  
tic muscles.  
le, have dr  
and the we  
his minor h  
and thrown

### Bacterial and its

Dr. T. M  
the present  
*Medical Re*  
there are so  
called fami  
more comm  
acute infect  
have pretty  
with these, i  
and the wid  
Furthermore  
has been rec  
etiology of  
cases that th  
influenza is  
of micro-org  
the ground  
alone.

We have,  
whatsoever  
summed micro  
new techniq  
isms no inve  
on this subj  
mulated and  
Now it so  
acute infecti  
been satisfac  
actual observ  
proved to be

and forward. He could not thrust the scapula forward, as in the left, or well, side. He could raise his arm only half-way to the shoulder.

The serratus is especially required in the act of elevating the arms above a horizontal level, as it then draws the lower angle of the scapula outward and turns the glenoid cavity of the joint upward. It is by this act alone, and not by the contraction of the deltoid, that we are enabled to lift the arm above the shoulder. When the serratus is paralyzed, the inner border of the scapula, and particularly its lower angle, instead of lying against the chest, stands up like a wing, drawing up a three-cornered fold of skin before it and admitting of our reaching deeply into the subscapular fossa. The antagonistic muscles, the trapezius and levator scapulae, have drawn the superior angle upward, and the weight of the arm and the pectoralis minor have depressed the external angle and thrown it forward.

#### Bacterial Studies on the Influenza and its Complicating Pneumonia.

Dr. T. Mitchell Prudden, in an article on the present epidemic, in the *New York Medical Record*, February 15, 1890, says there are so many features which the disease called familiarly *la grippe* shares with the more common and more completely studied acute infectious diseases that medical men have pretty generally agreed in classing it with these, in spite of its marked peculiarities and the wide variation in its manifestations. Furthermore, so much positive knowledge has been recently accumulated regarding the etiology of many of the acute infectious diseases that the assumption that the epidemic influenza is probably caused by some kind of micro-organism seems fairly justifiable on the ground of its clinical manifestations alone.

We have, as yet, no positive knowledge whatsoever as to the exact nature of the assumed micro-organism. By the aid of the new technique for the study of micro-organisms no investigations have yet been made on this subject whose results have been formulated and published.

Now it so happens that nearly all of the acute infectious diseases whose etiology has been satisfactorily established on a basis of actual observation and experiment have been proved to be caused by bacteria; that is to

say, by micro-organisms which belong to a particular class or group.

There seems to be, both in the clinical manifestations and in the mode of spread of *la grippe*, much to suggest, not, indeed, that in its etiology it may be allied to malaria, but that it may stand related in its etiology to the better known acute infectious diseases much as malaria does—that is, may be due to a micro-organism, but to one of an entirely different class. The *plasmodium malariae* belongs not among the bacteria or their close allies at all, but among an entirely different group of living beings. We might apparently have gone on trying to make something grow out of malarial blood upon our nutrient gelatine and agar, etc., indefinitely, if the constant presence of the disease with us had not permitted such morphological studies as have led to fairly definite notions as to its etiology, without recourse to the more subtle culture methods.

Whatever the truth of the matter may be concerning the assumed germ of epidemic influenza, it is evident that studies with the current bacteriological technique should not be neglected until they are proven to be useless, or some better method of observation is made known. For even negative results may throw a side light on this or closely allied problems.

The results of Dr. Prudden's studies may be summed up in a very few words. In two of the three cases of influenza associated with bronchitis a very large number of streptococcus pyogenes were found; this was the prevailing species. All the rest were scattering forms, commonly found in the sputum in bronchitis, most of them the ordinary aerial bacteria. In another case of bronchitis large numbers of the diplococcus pneumoniae of Fraenkel and Weichselbaum were found associated with a few staphylococcus pyogenes aureus, and several scattering forms.

In the secretion from the nose in one case with coryza were a few of the staphylococcus pyogenes aureus, while all the rest, which were not numerous, were scattering forms.

Pneumonia has been a frequent, and in many cases a serious complication in our recent epidemic. Dr. Prudden has examined by the culture methods the sputum from five cases suffering from a prolonged and irregular pneumonia immediately following the influenza attack, all hospital cases; also the irregularly hepatized lung from a fatal case of pneumonia following influenza, and six



cases of pneumonia following influenza in all.

If now we sum up the whole series of Dr. Prudden's examinations we find that in the secretions from seven cases of simple influenza no special new forms of bacteria were discovered which there is reason to believe have anything to do with causing the disease. The only pathogenic species which were found were the well-known pyogenic bacteria, staphylococcus pyogenes aureus, streptococcus pyogenes (in four of the cases), and the diplococcus pneumoniae (in one of the cases). In the pneumonia following the influenza (six cases) no special new forms of bacteria were found, but the same pyogenic forms (in five of the cases) and the diplococcus pneumoniae (five cases).

Thus while we gain no positive new light on the etiology of epidemic influenza in this series of examinations, we are able, from the results of the studies on the pneumonia which accompanies it, to establish the probability that the pneumonia, although apt to be irregular in its course and atypical in its morphology, is usually due to the same bacterial agency as is at work in the ordinary acute lobar pneumonia. How much this may be further complicated by the frequent presence of the pyogenic bacteria is a question which must be settled by further studies on the general relationship of these organisms to inflammations of the respiratory organs and to other mucous membranes.

It would seem, furthermore, that the relationship of the influenza to the pneumonia is that of a predisposing factor only—a conclusion, indeed, toward which clinical investigators have been already led by a different line of observations.

The phase of pneumonia which this epidemic has brought into prominence, is instructive in its relationship to the ordinary typical acute lobar pneumonia. It seems pretty well established that the diplococcus pneumoniae of Fraenkel and Weichselbaum is the most common, if not the exclusive, primary etiological factor in acute lobar pneumonia, judging from its constant occurrence in the affected regions, from its pathogenic effects upon animals in experimental inoculation, and from its frequent occurrence in complicating lesions.

The very frequent occurrence of this micro-organism in the saliva of healthy persons not only does not militate against its etiological importance, but furnishes a most satisfactory rationale of the occurrence of

the disease. For under ordinary conditions the diplococcus pneumoniae appears to be quite harmless in the saliva. It is only when the suitable predisposing conditions—which we recognize in injuries, and in exposure to cold and wet, but which in many cases we do not understand at all—are fulfilled, that the growth of the germ in the lungs and its accompanying lesions can occur.

It would seem that the influenza, with its tendency to an involvement of the respiratory passages, furnishes, not indeed the common, but an analogous predisposing condition leading to an atypical pneumonia. This form of predisposition to pneumonia seems to be, in many respects, similar to that which measles furnishes in children to the incursions of varying forms of pulmonary inflammation whose determining etiological factors have not yet been sufficiently studied.

It may be remarked in conclusion that to the negative results of these studies on the influenza only such importance should be attached as the small number of cases examined will justify. We simply learn that in these few cases the use of the culture methods and media commonly employed in the study of bacteria and allied forms of micro-organisms has brought to light no living germs which there is reason to believe has anything to do with causing the disease.

But this negative result should leave us entirely unprejudiced toward any other series of observations which, with more abundant material and a more refined or favorably applied technique may promise a solution of the problem.

### Aneurism of a Branch of the Basilar Artery.

A case of aneurism of a branch of the basilar artery is reported in the *Glasgow Med. Journal*, Feb., 1890, by Dr. Samuel J. Moore, and is especially interesting on account of the rarity of aneurism of the basilar artery. J. M., a blacksmith, aged 45, married, and the father of a healthy family, was found dead at the foot of the stair leading to his lodgings. He was a healthy, temperate man, and his wife said she had never known of his consulting a doctor, and she never heard him complain of illness, except sometimes of a cold in winter. He had about a mile to walk to and from his work, and about an hour after he should have arrived home a neighbor told his wife that her husband was in a half-sitting posture

at the foot of the stair. He was found by his wife, who had been called to rouse him. If he had fallen from the stairs, he would have ascended the stairs, reclining position, against the wall, and the post-mortem was that of violence. Blood was found in the lobe of the brain, the membrane of the brain, and the brain itself was fully washed out. The brain was not much affected, and the disease was discovered in the artery. The body appeared to be in good health, except that there were some small aneurisms in the small arteries, one of which was a small aneurism.

### The Progress of the Epidemic.

The epidemic of 1890, states the *Medical Journal*, England signifies a cremation is among other things to be noted that the Society has of its members at his own expense. The Council of the crematoria of the country should be notified. It was useful. It was not of use, and the improvement in the study of the epidemic.

### The Epidemic of the German.

The German epidemic of 1890, states the *Medical Journal*, the Berlin physicians as they are based on a sensitive scale, national character, though mild and the Com-

at the foot of the stair, and that she could not rouse him. From the history it appeared as if he had fallen gently when beginning to ascend the stair, for the body was found in a reclining position, with the head leaning against the wall. Dr. Moore conducted a *post-mortem* examination of the body, which was that of a robust man, and no mark of violence could be detected on it. Blood was found extravasated into the left lobe of the cerebellum, and down under the membrane over the medulla, in considerable quantity. When the blood was carefully washed away, a small ruptured aneurism, not much more than twice the thickness of the artery of which it formed part, was discovered in a branch of the basilar artery. The heart and all the organs of the body appeared to be in a healthy condition, except that some small atheromatous patches were observed on the arch of the aorta and in the small arteries on the base of the brain, one of which had evidently produced the small aneurism that caused death.

#### The Progress of Cremation in England.

*The Med. Press and Circular*, Jan. 27, 1890, states that there are everywhere in England signs that public sentiment against cremation is diminishing in that country. Among other things in this regard it may be noted that the Manchester Cremation Society has just accepted the offer of one of its members—a civil engineer—to visit at his own expense and report upon to the Council the whole of the more important crematoria on the Continent. Such report should be not only interesting, but highly useful. It would seem that the furnaces in use are not of the most satisfactory description, and that there is still room for improvement in this regard. This is a subject to which engineers may well give their studied attention.

#### The Epidemic of Grippe or Influenza.

The German and Prussian Ministries have ordered a thorough inquiry into the recent epidemic. The investigations instituted by the Berlin physicians promise great success, as they are being carried on upon a very extensive scale, and are, in fact, of an international character. In Italy, the epidemic, though mild in form, is spreading rapidly, and the Communal Council of Rome has

made a grant of 50,000 francs for preparing a lazaretto in some unoccupied school buildings, owing to the fact that the hospitals are now crowded. There are a good many cases at Alexandria, and though the malady is of a mild form, it seems to have affected the death-rate, which in Cairo is 56 and in Alexandria 48 per 1,000, as against 43 and 41 respectively in January last year. The rise is mainly due to diseases of the respiratory organs. Intelligence from Mexico reports that the malady is increasing in that country. In some cases it is followed by pleurisy, and many deaths are attributed to it.—*London Med. Recorder*, Jan. 20, 1890.

#### Simple Steam Bath.

In an Edinburgh professional journal a simple and ingenious contrivance is mentioned, to admit of the continuous inhalation of steam fumes by patients suffering from diphtheria. This is nothing more than the fixing of an open umbrella to the bed, or suspending it from the ceiling, and throwing over this a large sheet, which, falling in a tent about the patient, will surround him with the atmosphere of steam. The steam is supplied by a pipe connection with a kettle or other boiling contrivance that passes beneath the tent. The suggestion is so admirable and feasible that we are sure it will be welcomed by many physicians, who are sometimes at a loss, in the absence of especially devised contrivances, to know how to effect with simple means the end desired in such cases.—*Babyhood*, Feb., 1890.

#### A Curious Mental Trait.

A correspondent of the German Anthropological Society tells of his meeting a farmer by the name of Löwendorf, who had a peculiar habit of writing "Austug" for "August," his Christian name. Some years later he was inspecting a school, and heard a little girl read "leneb" for "leben," "naled" for "nadel," and the like. Upon inquiring, we found that her name was Löwendorf, and that she was the daughter of his former friend the farmer, now dead. This defect was noticeable in the speech and writing of both father and daughter. It appeared in the father as the result of a fall that occurred some time before the birth of his daughter.—*Science*, Feb. 14, 1890.

**Thymol Dentifrice.**

The following formula is given by the  
*Chemist and Druggist*:

Precipitated chalk . . . . .	15 ozs.
Soap, powdered . . . . .	1 oz.
Saccharin . . . . .	10 grs.
Thymol . . . . .	15 grs.
Camphor . . . . .	30 grs.
Vanillin . . . . .	5 grs.
Oil of rose . . . . .	6 drops.

Rub the camphor and thymol together in a mortar, and warm gently so as to render the mixture liquid; then add the chalk in small portions at a time, reserving about one ounce; next add the other ingredients, the perfumes being first separately rubbed with the remainder of the chalk.—*Druggists' Circular*, Feb., 1890.

**NEWS.**

—The cholera is spreading in Mesopotamia.

—A new Medical College has been organized in Keokuk, Iowa. The building is already purchased.

—A new bill has been introduced into the Utah Legislature, providing for a Board of Medical Examiners.

—Dr. Henry M. Shields, of Yorktown, Va., has been elected Assistant Physician at the Eastern Lunatic Asylum at Williamsburg, Va.

—Dr. R. E. Moore, of Wytheville, Va., has been appointed by the Governor a member of the Board of Visitors of the Medical College of Virginia, to fill the vacancy caused by the death of Dr. S. C. Gleaves.

—A Pasteur Institute has been opened in New York City by Dr. Paul Gibert, for the preventive treatment of hydrophobia and the study of contagious diseases. Dr. Gibert will be assisted by Drs. G. Van Schaick and A. Liautard.

—Nine cases of typhus fever have occurred in New York City since December 24, 1889. All but two received the contagium of the disease abroad. Two developed it from contagium received from infected material brought to that city from Antwerp.

—In view of the spread of venereal disease in Italy since the repeal of the regulations formerly in force, the Minister of the Interior has appointed a commission to investigate the subject, and suggest measures for the repression of prostitution and syphilis.

—Mrs. Sally Weeks Bucknam died February 21, at Lancaster, New Hampshire, aged 100 years and 6 months. She was the oldest person in Coos county, and always enjoyed good health, retaining her mental faculties till within a few months of her death.

—The New York State Medical Society, at the annual meeting at Albany elected the following officers: President, Dr. William Warren Potter, Buffalo; Vice-President, Dr. L. S. Pitcher, Brooklyn; Secretary, Dr. Frederick C. Curtis, Albany; Treasurer, Dr. C. H. Porter, Albany.

—Dr. Samuel Crockett Gleaves died at Wytheville, Va., Jan. 14, 1890. Dr. Gleaves was born in Wythe Co., Va., in 1823; he was graduated from the University of Pennsylvania in 1848. In 1874 he was elected President of the Medical Society of Virginia, and in 1875 was made an Honorary Fellow of the same Society.

—The German Medical Congress which meets this year in Vienna is fixed for the 15th to the 18th of April. The Congress registers upwards of 300 members, and has its fixed habitat in Wiesbaden, but in the month of November last, this *Congress für innere Medizin*, selected Professor Nothnagel as the president for 1890, who, when accepting the honorable office, requested the members to assemble in Vienna.

—The State Board of Health of Pennsylvania has issued a warning notice that small-pox exists at five different points in Connecticut—Windsor Locks, Woodstock, Waterbury, East Windsor and Meriden. The Board recommends that persons having occasion to visit that region take the precaution of being vaccinated before leaving home. The Board also has information of small-pox in the States of Ohio, Michigan, Illinois and Massachusetts. Health officers in Pennsylvania are advised to be on the look-out for sporadic cases.

—The house staff of the Brooklyn Eastern District Hospital, consisting of Ambulance Surgeon Aldrich and Dr. John T. Gibbons, resigned last week. In handing his badge of office to Secretary Baker of the Board of Health, Dr. Aldrich said that he could no longer put up with the meals and accommodations furnished by the hospital authorities. The meals were served cold and the bedding was unclean. He had complained ineffectually to the managers so often that there was nothing left him except to resign. The matter will be investigated.

ME

No. 1723.

CLINICAL LECT

HUTCHINSON  
Ex-Ophthalmic

COMMUNICATI

DAVIS, G. G.  
Induration  
DOUGHERTY,  
Symptoms  
NORTON, H.  
Fever at In  
HUMBERGER  
Enteric F  
Pneumonia

SOCIETY REPO

New York A  
Orthopedic

REPORTS OF CL

New York Po  
TELESCOPESyphilis and  
Testicle in

CLIN

EX-OP

BY JAME

VISITING PHYS  
CHILD

Gentlemen

you this morn  
The symptom  
the great maj  
present. It  
disease of wh  
examples year  
33 years old,  
teenth day of  
died of apop  
from shortness  
sisters are all  
healthy, but

This clinical  
Dr. Hutchinson.